

# **KANSAS WEATHERIZATION ASSISTANCE PROGRAM**

Serving Allen, Barber, Bourbon, Chautauqua, Cherokee, Cowley, Crawford, Elk, Harper, Kingman, Labette, Linn, McPherson, Montgomery, Neosho, Pratt, Reno, Rice, Sedgwick, Stafford, Sumner, Wilson and Woodson Counties.

## **CLIENT APPLICATION**

Program provided by:

**SOUTH CENTRAL KANSAS ECONOMIC DEVELOPMENT  
DISTRICT, INC. (SCKEDD)  
9730 E. 50<sup>th</sup> St. N.  
Bel Aire, KS 67226**

For Questions, please call (316) 262-7035

<http://www.sckedd.org>



**EQUAL HOUSING  
OPPORTUNITY**

## INFORMATION ABOUT THE PROGRAM

The South Central Kansas Economic Development District, Inc. (SCKEDD) sponsors a Weatherization program for lower-income residents of Allen, Barber, Bourbon, Chautauqua, Cherokee, Cowley, Crawford, Elk, Harper, Kingman, Labette, Linn, McPherson, Montgomery, Neosho, Pratt, Reno, Rice, Sedgwick, Stafford, Sumner, Wilson and Woodson Counties.

Funding for this program is provided by the Department of Energy and the Department of Health and Human Services. It is administered through the Kansas Housing Resources Corporation.

## APPLICATION COMPLETION CHECKLIST

Before you can submit your application for assistance, be sure you:

- Read and understand the What Weatherization Does section.
- Read and understand the Program Eligibility section.
- Read and understand the Income Verification section. You must submit proof of income with this application.
- Complete the Kansas Weatherization Assistance Program Application Form and Sign. If you are a renter or in a rent-to-own contract, the homeowner must also sign the Application Form as well as the Wall insulation disclosure.
- Complete and sign the Fuel Release Form. This is required to receive Weatherization Assistance
- Complete the Affidavit of No Income if one or more members of your household (including you) have not received any income for the past 12 months.
- If you are a renter or in a rent-to-own contract, complete the Rental Property Agreement with your Landlord.
- If you receive wages, you may wish to bring the Employment Verification Form to your employer to complete in lieu of providing copies of paystubs.

Feel free to contact our office with any questions pertaining to this Program or this Application. Our telephone number is (316) 262-7035.

## APPLICATION SUBMISSION CHECKLIST

Please enclose the following items when you submit your application. If any of these items are missing your application will be **severely delayed**.

- Signed and Completed Kansas Weatherization Assistance Program Application Form
- Proof of Income Documentation
- Signed Fuel Release Form
- Signed Rental Property Agreement if you rent or are in a rent-to-own contract
- Signed Zero-Income Affidavit if a member of your household claims zero income

## WHAT WEATHERIZATION INCLUDES

Each home is different so different measures are prescribed based on a multitude of factors. Weatherization work can (but may not always) include:

- A housing inspector will visit your home to provide a preliminary inspection. At this time, state-approved software is used to determine weatherization measures to be completed.
- Existing heating units receive maintenance/repair. Replacement may occur under some circumstances.
- Glass is replaced on windows in which the glass has been broken or cracked. Caulking and/or weather-stripping of doors will be done as needed. Insulation of hot water pipes, heat ducts, and water heater may be done as well.
- Attic ventilation, and other carpentry measures designed to make the house more energy efficient.
- Wall and attic insulation will be considered. It will depend on the condition of the wiring and the roof, the amount of existing insulation, and the type of wall construction and siding.
- Gable, roof, or soffit vents will be installed as required.
- Finally, a final inspection will be conducted by a housing inspector to determine if all of the work has been finished and work has been completed in a professional manner.

## PROGRAM ELIGIBILITY

You must meet all of these requirements to be eligible to receive Weatherization Assistance:

1. You and your household must occupy the home that you are applying to receive assistance with through this Program. All utilities including electric and gas service must be present and active.
2. Your house cannot be designated for acquisition or clearance by a federal, state or local program within 12 months from the date weatherization would be scheduled to be completed.
3. If your house has been weatherized before by a federal, state, or local weatherization program,
  - a. Your house is disqualified if Weatherization took place after September 30<sup>th</sup>, 1994, unless the house has been damaged by fire, flood, or act of God and repair of the damage to weatherization materials was not covered by insurance.
  - b. If you received weatherization assistance between September 30, 1975 and September 30, 1994, you may be eligible to receive further assistance but we will be unable to repeat weatherization measures previously performed
4. Your household income meets the requirements specified in the Kansas Housing Resources Corporation State Plan. Specifically, your household must either:
  - a. Contain a member that has received either Temporary Assistance for Families (TAF) payments under Title VI-A, Supplemental Security Income (SSI) payments, or assistance from the Low Income Energy Assistance Program within the last 12 months.
  - b. In total, does not exceed the following maximum income levels based upon household size.

Family Size	Maximum Income for Weatherization (200% of FPL)	Family Size	Maximum Income for Weatherization (200% of FPL)
1	\$24,120	9	\$91,000
2	\$32,480	10	\$99,360
3	\$40,840	11	\$107,720
4	\$49,200	12	\$116,080
5	\$57,560	13	\$124,440
6	\$65,920	14	\$132,800
7	\$74,280	15	\$141,160
8	\$82,640	16	\$149,520

## INCOME VERIFICATION

To be eligible for the Weatherization Assistance Program, you must prove that you qualify based on criteria specified on the previous page. To do this, you and **every member of your household** must submit acceptable Proof of Income to our office. Use these guidelines to determine what is acceptable as Proof of Income.

Proof of Income	Documentation Needed
<b>Cash Assistance:</b>	Include a dated printout from the Kansas Department for Children and Families (SRS) indicating the type and amount of benefits paid, month by month, for the most recent three month period.
<b>Interest</b>	Include three most recent bank statements that you have received or a transaction printout from your bank for the most recent year.
<b>No Income</b>	Any member of household over the age 18 must sign a No Income Affidavit (enclosed).
<b>Unemployment Benefits</b>	Send a dated printout from the Kansas Department of Human Resources (Labor) showing the amounts paid to you. If you do not have a dated printout, you may substitute an award letter that you have received within the last year.
<b>Retirement Benefits</b>	If you received a distribution from an IRA, 401(K), or other forms of retirement benefits, include a statement from the fund that discloses the monthly distribution amount.
<b>*Self-Employment</b>	Provide a signed and dated list or spreadsheet of all revenues and business expenses month-by-month for the previous 12 month period. Your income for the purposes of his program will be your gross income minus your business expenses that are ordinary and necessary.
<b>Social Security or Supplemental Security Income</b>	Include an eligibility letter that you have received within the past year. If you do not have an eligibility letter, you may substitute a printout from the Social Security Administration detailing the benefits detailing the benefit payments you receive on a monthly basis.
<b>Veteran's Benefits</b>	Include a letter from the Veteran Administration indicating how much you have received within the past three months. If no printout from the VA is available, you may substitute an award letter that you have received within the past year.
<b>*Wages</b>  <b>Include one of the following:</b>	<ol style="list-style-type: none"> <li>1. A signed Employer Verification Form (enclosed) signed by you and your employer. Provide one form from each employer for each member of your household that receives wages.</li> </ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Photocopies of all paycheck stubs for the most recent three month period. Enclose one set of paycheck stubs for each employer that you and/or any member or your household received wages from. Any paycheck stub you submit must disclose your <b>GROSS</b> wages.</li> </ol>
<b>Workers Compensation Benefits</b>	Send a letter from your attorney listing all amounts that have been paid to you.
<b>*Any other Source of income</b>	Not excluded below, include a short, signed and dated note from any third party or company, other than those mentioned above, from which you or any member of your household earned or received within the past 12 month period. Your note must list the amount received for each month.

**\*Some instances may require a full 12 months proof of income and/or require a notarized statement.\***

**NOTE: You must provide appropriate income documentation with your application.**

**Income, for the purposes of this Program, excludes:** capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

**Kansas Weatherization Assistance Program Application Form  
APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SOURCES OF INCOME AND ASSISTANCE FOR EVERYONE IN THE HOUSEHOLD**

Check all types of income that were received by you and each member of your household within the past 12 months. You must include proof of each type of income with this application. **Please note W-2 forms are NOT accepted through this program as a form of income documentation.**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Salary or Wages    | <input type="checkbox"/> Self-Employment      | <input type="checkbox"/> Interest or Dividends | <input type="checkbox"/> Rent or Royalties            |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Worker's Comp.       | <input type="checkbox"/> Military Pay          | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Cash Assistance    | <input type="checkbox"/> Pensions & Annuities | <input type="checkbox"/> Social Security       | <input type="checkbox"/> No income                    |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Trust Distributions  | <input type="checkbox"/> SSI                   | (attach affidavit)                                    |

**HOUSEHOLD COMPOSITION**

List all persons **(including yourself)** currently living in your house and complete all fields on each member.

Full Name	Age	Disabled (Y/N)	*Ethnicity	Gender M/F	**Type of Income

**STATISTICAL INFORMATION**

\*This data is used only for statistical purposes. SCKEDD or the Kansas Weatherization Assistance Program does not discriminate based on gender, race, ethnicity, or origin.

\*\*Note: If you indicate that you receive **NO INCOME** you must complete the **Affidavit of No Income**.

**DWELLING INFORMATION**

Complete all the information below regarding the house to be weatherized under this Program. This must be the dwelling with the street address provided on the previous page and you must currently be living there.

<b>Dwelling Type (check one)</b>	<b>My house is:</b>	<b>I am a:</b>	<b>Construction Year:</b>
<input type="checkbox"/> Single Family House	<input type="checkbox"/> 1 Story	<input type="checkbox"/> Homeowner	_____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 2 Stories	<input type="checkbox"/> Renter*	(approximate)
<input type="checkbox"/> Duplex/Triplex/etc.	<input type="checkbox"/> 3 Stories	<input type="checkbox"/> Rent-to-Own*	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Split-Level	*You must complete the enclosed Rental Agreement	

\_\_\_\_\_ My house is scheduled for acquisition or clearance under a governmental agency?  
 \_\_\_\_\_ My house has been weatherized before (If so, when? \_\_\_\_\_)  
 \_\_\_\_\_ I am receiving help with my house from another agency. (Details: \_\_\_\_\_)

**Answer all of the following questions about your home (Yes or No)**

<input type="checkbox"/> I have a working heat source	<input type="checkbox"/> My home is air conditioned
<input type="checkbox"/> I have a forced air furnace	<input type="checkbox"/> I have central air conditioning
<input type="checkbox"/> I have a wall furnace	<input type="checkbox"/> I have a window air conditioner
<input type="checkbox"/> I have a floor furnace	<input type="checkbox"/> I have mold in my house
<input type="checkbox"/> I have a space heater	<input type="checkbox"/> I am aware of lead paint existing in my house
<input type="checkbox"/> I have a wood burning stove	<input type="checkbox"/> I have a roof leak
<input type="checkbox"/> I have a wood burning fireplace	<input type="checkbox"/> I have a plumbing leak

**WALL INSULATION**

Do you give permission for holes to be drilled in all the exterior walls of your home (or rental property) for the purpose of installing insulation into the side walls. If so, do you also understand that it will be your responsibility to paint the plugs used to fill these holes? Vinyl siding, if applicable, will be taken down and put back up after insulation has been completed.

Yes. I understand and give my permission:

No. I understand but do not give my permission:

_____	_____	_____	_____
Homeowner's Signature	Date	Homeowner's Signature	Date

**ALIEN CERTIFICATION**

**(All applicants MUST initial appropriate selection)**

\_\_\_\_\_ " I certify that no member of this household is an alien whose status has been adjusted to Qualified Alien as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation of 1996.

**OR**

\_\_\_\_\_ " I certify that the following member(s) of this household are Qualified Alien(s) whose status has been adjusted as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

List names if applicable: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Client Signature \_\_\_\_\_ Date

**APPLICANT SIGNATURE**

Read all of the following information before signing.

Once SCKEDD has received your application and verified your income to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information which must be entered into a computer program approved by the U.S. Department of Energy and the State of Kansas. This program provides SCKEDD with a list of approved measures designed to reduce the energy consumption of your home. Each house is inspected in a similar manner and input in the audit software in a similar manner. However, due to the inherent differences in each building structure, the energy audit software may approve different measures for each house. After inspection, an appointment is then set for a SCKEDD weatherization crew to arrive to perform the work that has been approved for your home. Before any work is started, the crew supervisor will go over the list of work items with the homeowner. If there are no objections, the crew will proceed with the work. In cases where the homeowner objects to having any work item performed, the crew supervisor will contact the project inspector to discuss the objection before any work is started. If the housing inspector determines that the item objected is required for your health and safety then we will be unable to do any of the items.

The services provided to you through the Kansas Weatherization Assistance Program provided by SCKEDD are intended solely to reduce the energy consumption needs of your household. SCKEDD receives a limited amount of money and the Weatherization program regulations and guidelines limit the use of grant funds to specific approved measures which have been shown to reduce energy consumption. The work is performed by SCKEDD staff or subcontractors who have received extensive training and experience in specific weatherization techniques. Please be advised that all weatherization work items are not intended to enhance or improve the appearance of the home. If my application is approved, I authorize the weatherization of my home to be completed by this program and will provide reasonable access to my property as required by weatherization personnel. If I disallow reasonable access to my home I understand that my application will be deferred and any and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client under the Kansas Weatherization Assistance Program. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations. I also understand that any person that applies for the Kansas Weatherization Assistance Program has the right to appeal any denial, delay or limitation of service under the grant program. Appeals must be sent in writing to SCKEDD 9730 E 50<sup>th</sup> St. N Bel Aire, KS 67226

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(if different from applicant)**

**FUEL RELEASE FORM**

Please complete this form. It is required to receive Weatherization Assistance

Applicant's Name: \_\_\_\_\_ County \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**UTILITY INFORMATION**

**HEATING FUEL SUPPLIER:**

**ELECTRIC SUPPLIER:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Bill to: \_\_\_\_\_

Bill to: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

**This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.**

Do you use the same supplier for both heating and electric?  Yes  No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and South Central Kansas Economic Development District, Inc.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

**This Release shall apply for 3 years following the date of its execution.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



**AFFIDAVIT OF NO INCOME**

Each member of your household over 18 years of age who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, in the presence of a Notary Public, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

Signature of Household Member	Printed Name	Date

**This form must be notarized by a Notary Public:**

County of \_\_\_\_\_

State of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_ day of \_\_\_\_\_ 20\_\_\_ by \_\_\_\_\_  
by \_\_\_\_\_  
by \_\_\_\_\_  
by \_\_\_\_\_

Signature of Household Member (s)

\_\_\_\_\_  
Notary Public's Signature      My Commission Expires \_\_\_\_\_

**Income includes** money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation strike benefits from union funds, workers' compensation, veterans' payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

**Income excludes** capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

# Property Owner/Rental Property Agreement

If you are a renter, rent-to own, or are buying on contract give this form to your landlord to complete. If you own your home, omit the Rental Section.

I, \_\_\_\_\_ do hereby declare that I am the legal owner of the dwelling located at \_\_\_\_\_ in \_\_\_\_\_, Kansas, and that this dwelling is occupied by \_\_\_\_\_ (tenant name). I understand that my ownership of this property will be verified through a review of public records within the county Register of Deeds office.

I grant the Kansas Weatherization Assistance Program (KWAP) permission to weatherize the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the U.S. Department of Energy. I further declare that I shall forever save and hold the KWAP, its agents, servants and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend the KWAP in any action or proceeding brought about.

I understand that the KWAP is entitled to all salvageable materials that are replaced with new weatherization materials.

## Rental Properties:

In return for weatherization of the aforementioned residence, I, as owner, agree to and understand the following:

1. I understand that the KWAP will assess the heating system. If found unsafe or inefficient, I may be required to contribute costs of materials and labor for repairs or replacements in excess of the first \$250. I understand I will be contacted about any contribution and that weatherization services may be halted unless or until an agreement is made.
2. I will not raise the rent on this property because of any improvements made by SCKEDD for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense unrelated to Weatherization work. Furthermore, I do not intend to sell the property for a period of one (1) year. Should I sell the property within 1 year, I will ensure the new owner agrees to the restrictions/requirements of this agreement. I also will not evict the tenant because of any improvements made by the KWAP. I retain the right to evict the tenant on matters demonstrably not Weatherization related. The Legal Aid Society is responsible for arbitrating landlord—tenant disagreements arising from weatherization activities. Contact Kansas Legal Services statewide hotline at 1-800-383-0217 to locate the nearest Legal Aid Office.
3. I will be required to allow the weatherization work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all weatherization staff, inspectors, contractors and crews to allow for completion of the work. Work planned or not yet started may be terminated if the tenant moves or the house is sold.
4. The KWAP may notify the appropriate utility company in addition to the tenant and myself if it discovers any physical condition which is believed to pose a threat to the safety of the tenant.
5. The benefits of the KWAP are to accrue primarily to the low income tenants residing in the unit. No undue or excessive enhancements will occur to increase the value of the unit.
6. I hereby GRANT A WAIVER OF LIABILITY to the KWAP and it agents, from any and all claims against the Weatherization Program arising from its presence on said property.

## All Properties: Check and initial **one** of the following:

- I give permission for holes, approximately 2" wide, to be drilled in any or all walls, floors or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.
- I **do not** give permission for holes, approximately 2" wide, to be drilled in any walls, floors or ceilings for the installation of insulation materials, and understand that, as a result, insulation **will not** be provided.

\_\_\_\_\_  
Owner Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State      Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Tenant Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State      Zip

\_\_\_\_\_  
Phone

**EMPLOYMENT VERIFICATION FORM**

*If you receive wages, take this form to your employer to complete. You may submit paystubs for the most recent three month period in lieu of completing this form.*

**EMPLOYEE INFORMATION**

*To be completed by Applicant*

Applicant's Name and Address:

Your Employer's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**EMPLOYER INFORMATION**

*To be completed by the Applicant's employer*

Employee's Job Title: \_\_\_\_\_

Most Recent Regular-Time Wage: \_\_\_\_\_ per \_\_\_\_\_

(If an hourly wage, how many regular time hours per week on average? \_\_\_\_\_)

Most Recent Overtime Wage: \_\_\_\_\_ per \_\_\_\_\_

(If an hourly wage, how many overtime hours per week on average? \_\_\_\_\_)

Indicate additional compensation type and amounts, on average, per week (Including, but not limited to, tips, sales commissions, piece rate, or shift differentials)

\_\_\_\_\_  
\_\_\_\_\_

Has the employee received any pay increases within the past twelve months? If so, describe amount of increase and effective date:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

I authorize the release of my wage and employment information to SCKEDD.

Under penalty of perjury, I hereby attest that all information provided is correct to the best of my knowledge. I understand that all fields are to be completed and if there is a blank field I have indicated that the information is not applicable to the employee

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Phone

SCKEDD  
9730 E. 50<sup>th</sup> St. N.  
Bel Aire, KS 67226

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