



# Verification of Employment

**COMMUNITY SERVICES  
DEPARTMENT COMMUNITY  
ASSISTANCE DIVISION  
534 WEST LAKE MARY BLVD.  
SANFORD, FL 32773-7400**



NAME OF EMPLOYER: \_\_\_\_\_  
FAX # \_\_\_\_\_

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name: \_\_\_\_\_  
SS# \_\_\_\_\_

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_

Base pay rate:

\$\_\_\_\_\_/Hour; or \$\_\_\_\_\_/Week; or \$\_\_\_\_\_/Month

Average hours/week at base pay rate: \_\_\_\_\_ Hours

No. weeks \_\_\_\_\_, or No. weeks \_\_\_\_\_ worked/Year

Overtime pay rate: \$\_\_\_\_\_/Hour

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_

Is pay received for vacation? • Yes • No

If Yes, no. of days per year \_\_\_\_\_

Total base pay earnings for past 12 mos. \$\_\_\_\_\_

Total overtime earnings for past 12 mos. \$\_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

Does the employee have access to a retirement account? • Yes • No

If Yes, what amount can they get access to: \$\_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of \_\_\_\_\_  
or Authorized Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

