THIRD-PARTY VERIFICATION OF EMPLOYMENT

Note to Employer: The individual listed below is applying for housing assistance. The information you provide will assist us in determining the applicant's eligibility for the program. Please provide information about anticipated employment income during the next 12 months only.

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

AUTHORIZATION:
I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

_____ _____
Applicant's Name Applicant's Signature

_____ _____
Applicant's Social Security Number Date

PLEASE RETURN INFORMATION TO:

Name: **Aisha Westcarth** Title: **Receptionist** Phone: **561-233-3600** Fax: **(561) 656-7553**
Department: **Department of Housing & Community Development, c/o Commission on Affordable Housing**
Address: **160 Australian Avenue, Suite 500, West Palm Beach, FL 33406** **ATTN:**

Name of Employer_____ Position: _____

Employer's Address_____Date of hire: _____

Probability of continued employment (*please circle one*): *YES or NO* Number of hours worked per week _____

Current Pay Rate: **$**_____ Pay Frequency (*WEEKLY / Bi-Weekly / MONTHLY*): Fulltime / Part-time ___hrs per ____

Total anticipated Annual Base Pay Earnings over the next 12 months: **$**_____

Overtime Pay Rate: **$**_____Expected overtime hours during next 12 months, based on Avg. ____hrs per_____

Total anticipated Overtime Earnings the next 12 months: **$**_____Consistency (Regular / Occasional)

Probability and expected date of any pay increase _____ Anticipated NEW rate of pay **$**_____

Amount of Other Compensation anticipated during the next 12 months *(bonus, commission, tips*): **$**_____

Frequency of Other Compensation, if applicable (*please circle one*) *WEEKLY / BI-WEEKLY / MONTHLY / ANNUALLY*

Vacation Pay (*please circle one*): *YES or NO* If yes, number of days: _____

Retirement Account (*please circle one*): *YES or NO* Amount Accessible to Employee: **$**_____

Penalty for withdrawal (*please circle one*): *YES or NO* Penalty Amount/Percentage _____

Total anticipated Gross Annual Income (*including all other compensation)* over next 12 months: **$**_____

Total Gross Income Earned in *200*___: *$*_____Total Gross Income Earned in *200*___: $_____

EMPLOYER COMMENTS:_____

_____

Signature of authorized representative: _____

Printed Name:_____Title: _____

Date:_____ Phone:_____ Fax: _____

NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.