Request for Verification of Employment

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.		
I hereby authorize the release of the information requested below.		
Applicant Name	Signature	Date
Please return to: Fax 954-671-6390 or mail To: Asset Management & Realty, Inc. P.O. Box 1558 Fort Lauderdale, FL 33302		
THIS SECTION TO BE COMPLETED BY EMPLOYER		
Please use GROSS amounts and do not leave any sections blank; enter zero "0" if hours or amount are not applicable.		
Employee Name	Job Title	
Presently Employed? Yes No Date First (Last) Employed		
Current Wage/Salary \$ (Check one) hourly weekly semi-monthly		
Number of regular hours per week Overti	me hours rate \$ Overtim	e hours per week
Commissions, bonuses, tips, other \$ (Che	eck one) hourly weekly	biweekly semi-monthly
Does the employee participate in a 401(K) Retirement Account?	s No Can employee access account?	the Yes No
What is the total amount in the 401(k) that is accessible to the employee without terminating or retiring \$		
Does employee receive paid vacation?		
List any anticipated change in the employee's rate of pay within the next 12 months: Effective date:		
Total base pay earnings for the past 12 months \$	Total overtime earnings for th	e past 12 months \$
Employer's Signature	Print Name	Date
Phone #	Title (please print)	

WARNING: Title 18, section 1001 of the US 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.

