*NOTE: Print Extra Copies If Needed

# DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT

Mortgage and Housing Investments (MHI) Division

## THIRD PARTY VERIFICATION OF EMPLOYMENT

**NOTE TO EMPLOYER:** 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 BY APPLICANT(S):** The applicant(s) Identified herein has applied for housing assistance under a government-assisted program administered by this office and authorizes the release of requested Information. The Information requested in this verification is for confidential use of this agency and its funders. Please finish the information requested below and return this form to the applicant.

_____ _____ _____

Applicant/Household Member's Name | Applicant/Household Member's Signature | Date

**The following section MUST be completed by Employer:**

Name of Employer: _____

Employer's Address: _____

Position: _____Date of Hire: _____Probability of continued employment: YES or NO

Current Pay Rate: $_____Pay Frequently (Hr., Wk., Mo.):_____Per_____

Overtime Pay Rate: $_____Expected overtime hours during next 12 months_____

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

Total anticipated Overtime Earnings over the next 12 months: $_____

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): $_____

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: _____

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

**EMPLOYER COMMENTS:** _____

_____

Signature of Authorized Representative: _____Date: _____

Printed Name:_____Title: _____

Email: _____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 s. 775.083.