***NOTE: Print Extra Copies If Needed**

DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT
MORTGAGE AND HOUSING INVESTMENTS
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: 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:
Palm Beach County, Department of Housing and Economic Development
Mortgage and Housing Investments
100 Australian Avenue, 5th Floor, West Palm Beach, FL 33406
Email: HEDVerify@pbcgov.org

The following section MUST be completed by Employer

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* Penalty 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 *20*___: $_____Total Gross Income Earned in *20*___: $_____

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 817.03 Making false statement to obtain property or credit-Any person who shall make or cause to be made any false statement, in writing, relating to his or her financial condition, assets or liabilities, or relating to the financial condition, assets or liabilities of any firm or corporation in which such person has a financial interest, or for whom he or she is acting, with a fraudulent intent of obtaining credit, goods, money or other property, and shall by such false statement obtain credit, goods, money or other property, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083