Verification of Employment

(Name of HOME Participating Jurisdiction)	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
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	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.):
the eligibility status and level of benefit of	For: \$ per
the household.	Is pay received for vacation? _ Yes _ No
Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	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 or Authorized Representative
(Signature of Applicant)	
Date:	Title:
or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Date:
	Telephone:
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and	

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.