



**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 furnish 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 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.