



Verification of Employment Loss of Income

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Number of Hours Worked Per Week Prior to Covid-19:		Number of Hours Currently Worked Per Week:	
Rate of Pay or Salary Prior to Covid-19:		Current Rate of Pay or Salary:	
Was the employee terminated or furloughed because of Covid-19?		Date of Furlough or Termination:	
Were the employee's hours or pay reduced because of Covid-19?		Date reduced pay/hours began:	

By Having My Employer Sign Below, I certify that the information above is true, accurate and complete; that my household income was impacted by Covid-19; and that I am unable to provide other proof/documentation to support my previous and/or current income. I am aware that if this form is incomplete or inaccurate there may be a delay in processing and/or my application may be denied. I am also aware that if I am approved or denied, or not approved for the correct amount, I have a right to file an appeal. I certify under penalty of perjury that the above information is complete, true and accurate to the best of my knowledge. I understand that, in accordance with Florida Statute Chapter 817, providing false information is a misdemeanor in the second degree.

Employer/Supervisor Signature		Date
Employer/Supervisor Name and Title		Business Name
Employer/Supervisor E-mail Address		Employer/Supervisor Phone Number