

## Verification of Employment Loss of Income

Applicant Name:	
Case Number:	
Address:	

Proof of income must be provided for **all** household members who are age 18 or older. This form should be completed if a household member has employment income, but is unable to provide pay-stubs or other documentation of that income. This form must be completed and **signed by the employer.** 

This form must be completed and signed by the employer.				
<b>Employee Name:</b>				
Employee's				
Job Title:				
Number of Hours Worked Per	Number of Hours Currently			
Week Prior to Covid-19:	Worked Per Week:			
Rate of Pay or Salary Prior to	Current Rate of Pay or Salary:			
Covid-19:	Current Rate of Fay of Salary.			
Was the employee terminated or	Date of Furlough or			
furloughed because of Covid-19?	Termination:			
Were the employee's hours or pay	Data raduced nay/hours began	Date reduced pay/hours began:		
reduced because of Covid-19?	Date reduced pay/nours began:			

Provide a detailed explanation of the reason for the employee's termination, furlough, or reduction in pay/h	iours

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