

Verification of Employment Form

Please provide information about anticipated employment income during the next 12 months:

Position: _____ Length of Time Employed: _____ Pay Rate:

_____ Pay Frequency (Hr, Wk, Mo): _____ Hours worked per week _____

Overtime Pay Rate: _____ Average Overtime Hours/Wk: _____ Total Annual

Base Pay Earnings: \$ _____ Total Overtime Base Pay Earnings: \$ _____ Amount and Frequency of

Other Compensation (bonus, raise, commission, tips): \$ _____ Vacation Pay (Y or N):

_____ If yes, number of days: _____ Retirement Account (Y or N):

_____ Amount Accessible to Employee: \$ _____ Total Gross Annual Income, including other

compensation, for next 12 months: \$ _____

Signature of authorized representative: _____ Printed Name: _____

_____ Title: _____

THE FLORIDA HOUSING COALITION

