

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Department of Energy and Environment

Lead Reduction Program Employment Verification

To:	From:
Name:	Name:
Address:	Address:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
Re:	
Name:	Address:
Last 4 of SSN:	

The individual named above has applied for the Department of Energy and Environment's Lead Reduction Program. Federal regulations require third party verification of the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence**. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Please provide the information requested on the back of this form and sign the form where indicated. The bottom half of this form is a signed authorization to release information to the Department of Energy and Environment.

Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for services.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DOEE, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

Client Signature:	Date:
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**SECTION BELOW TO BE COMPLETED BY EMPLOYER
RETURN BOTH PAGES TO DOEE**

EMPLOYEE NAME:	JOB TITLE:	SOCIAL SECURITY NUMBER:
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EMPLOYMENT PERIOD:	(EXPECTED) BEGIN DATE:	(EXPECTED) END DATE:
IF ENDED:	DATE LAST PAID: GROSS AMOUNT:	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY EXPLANATION:

CURRENT PAY RATE (GROSS):	BASE PAY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY	OVERTIME PAY \$	PER HOUR
OTHER (EXPLAIN):				
ANTICIPATED CHANGE TO PAY RATE (WITHIN THE NEXT 12 MONTHS)			EFFECTIVE DATE:	

PAY SCHEDULE:	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	AVERAGE # OF HOURS PER PAY PERIOD	REGULAR: OVERTIME:	PAY PERIOD: <input type="checkbox"/> EVERY WEEK <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE MONTHLY	<input type="checkbox"/> ONCE MONTHLY <input type="checkbox"/> END OF JOB <input type="checkbox"/> OTHER
OTHER (EXPLAIN):					

WORK SCHEDULE:	SUN	MON	TUE	WED	THU	FRI	SAT
OTHER (EXPLAIN):							

ATTACH ITEMIZED VERIFICATION OF INCOME BY PAY PERIOD, OR COMPLETE THE TABLE BELOW

YEAR TO DATE AND ANTICIPATED INCOME (FOR ANTICIPATED MONTHS RECORD ONLY WHAT YOU ARE REASONABLY CERTAIN OF)											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	NOV	DEC
GROSS EARNINGS:											
HOURS WORKED:											
ADVANCES/TIPS /BONUSES											
ADDITIONAL REMARKS:											

EMPLOYER SIGNATURE:	I certify that the information provided on this form is correct to the best of my knowledge. I understand that this form is not a contract for services.	
COMPANY/BUSINESS NAME:	FEIN:	DATE:
SIGNATURE:	NAME AND TITLE OF PERSON SUPPLYING INFORMATION:	