| **GLO’s Designated Representative (“GDR”) Information** |
| --- |
| **Name:** | **Contract Number:**  |
| **Address:**  |
| **Phone:** | **Fax:** | **Email:** |

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| **Applicant Information** |
| **Name:** | **Date:** |
| **Address:** |
| **RELEASE:** Applicant’s signature authorizes the release and/or verification of the requested employment information.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Applicant Date |

**Authorization and Verification**

Federal regulations require verification of employment and income of all members of anyhousehold applying to participate in the Community Development Block Grant Disaster Recovery Program (“CDBG-DR”). We ask your cooperation in supplying this information to the above-referenced GDR. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.

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| **Employment Information** |
| **Employer Name:** | **Employer Address:** |
| **Applicant employed since:** | **Occupation:** |
| **Salary:** | **Date of last pay increase:** |
| **Base pay rate:** $per HOUR / WEEK / MONTH (circle one) |
| **Average number of hours worked per week at base pay rate:** |
| **Number of weeks worked per year:** | **Overtime pay rate:** $per hour |
| **Expected average number of hours overtime to be worked per week during the next 12 months:** |
| **Specify any other compensation not included above (commissions, bonuses, tips, etc.):****For:** $per HOUR / WEEK / MONTH (circle one) |
| **Is pay received for vacation?** YES / NO (circle one) **If Yes, number of days per year**: |
| **Total base pay earnings for past 12 months:** $ |
| **Total overtime earnings for past 12 months:** $ |
| **Probability and expected date of any pay increase:** |
| **Does the employee have access to a retirement account?** YES / NO (circle one)**If Yes, what amount does he/she have access to?** $ |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Employer’s Authorized Representative Date |
| **Title:** | **Phone:** |
| **Warning:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. |