



# Warren-Trumbull HOME Consortium

185 E. Market Street NE, Suite A Warren, Ohio 44481 330.675.2480

## REQUEST FOR VERIFICATION OF EMPLOYMENT

A. NAME, ADDRESS, AND ZIP CODE OF APPLICANT FOR GRANT

Name  
Address  
City, State, Zip

B. NAME, ADDRESS AND ZIP CODE OF APPLICANT'S EMPLOYER

Employer's Name  
Address  
City, State, Zip

C. DATE OF REQUEST \_\_\_\_\_

### NOTE TO EMPLOYER

The applicant identified in Block A above has applied for financial assistance from the Trumbull County HOME Program. The applicant has authorized this Agency in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the Trumbull County Planning Commission. Please furnish the information requested below and return this form to the person indicated under Section L.

### EMPLOYER'S VERIFICATION

D. APPLICANT'S POSITION HELD \_\_\_\_\_

E. DATES OF EMPLOYMENT \_\_\_\_\_

F. PROBABILITY OF CONTINUED EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

G. OTHER REMARKS: \_\_\_\_\_

\_\_\_\_\_



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H. BASE RATE OF PAY (estimated, if not actually paid on hourly or annual basis).

Hourly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

Average Hours worked per week at base pay rate: \_\_\_\_\_ hours.

Total base pay earnings for past 12 months \$ \_\_\_\_\_

Anticipated base pay earning for next 12 months \$ \_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

\_\_\_\_\_

I. ADDITIONAL COMPENSATION

Overtime Pay Rate \$ \_\_\_\_\_/Hour

Expected weekly average number of hours overtime to be worked during the next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips etc.): \_\_\_\_\_ \$ \_\_\_\_\_

Total overtime earnings for past 12 months \$ \_\_\_\_\_

Anticipated additional compensation for next 12 months \$ \_\_\_\_\_

If the employee's work is seasonal or sporadic, indicate lay-off period:

\_\_\_\_\_

\_\_\_\_\_

J. RETIREMENT/PENSION

Does the employee have access to any portion of his/her pension or retirement account? Y N

If yes, indicate the amount which may be withdrawn without retiring or terminating employment: \_\_\_\_\_



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K. SIGNATURE OF EMPLOYER

The above information is furnished in strict confidence, in response to your request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Phone Number

L. NAME, ADDRESS, AND ZIP CODE OF AGENCY TO WHICH THIS FORM IS TO BE RETURNED:

Nicholas Coggins, Economic Development Coordinator  
Trumbull County Planning Commission  
185 E. Market Street NE, Suite A  
Warren, Ohio 44481  
Phone: (330) 675-2480 Fax: (330) 675-2790

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government.

