



# FHP Verification of Income from Employment

- 2189 Cleveland St, Ste 230, Clearwater, FL 33765
- 647 First Avenue North, St. Petersburg, FL 33701

Fax: (727) 464-8428  
 Fax: (727) 582-7912

Attention: \_\_\_\_\_

Date: \_\_\_\_\_

We are required by law to verify income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. We would greatly appreciate your prompt return of this letter. Please fax this information to the fax number checked above. If you have any questions, please call:

\_\_\_\_\_  
FHP Case Manager Name

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

**We are requesting information concerning the applicant named below:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Head of Household: \_\_\_\_\_)

**Authorization:**

I hereby authorize the release of requested information to be used for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Employer representative to complete this section:**

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_.

He/she is paid \$ \_\_\_\_\_ per (hour, week, month, etc.) \_\_\_\_\_

and is currently working an average of \_\_\_\_\_ hours per (week, month, etc.) \_\_\_\_\_.

Employee may receive commission/bonus income  yes  no. If yes, please complete one of the following:

Estimated income from commission/bonuses over the next 12 months is \_\_\_\_\_ OR

I am not able to predict this income, so I am listing client's commission/bonus income for each pay period over the last 4 weeks

\_\_\_\_\_  
Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

**If no longer employed:**

Date of last day worked: \_\_\_\_\_

Date/Amount last check received: \_\_\_\_\_ / \$ \_\_\_\_\_

\_\_\_\_\_  
Company Name: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this form: \_\_\_\_\_

\_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_