

Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
**FAMILY SUCCESS ADMINISTRATION DIVISION**  
**INCOME VERIFICATION**

**TO BE COMPLETED BY EMPLOYER ONLY**

**Employer Information:**

1. Company Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
3. Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Employee Information:**

4. Employee Name: \_\_\_\_\_  
5. Employee Social Security Number: \_\_\_\_\_  
6. This employee is paid: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Twice Monthly \_\_\_\_\_ Monthly  
7. Hourly pay rate: \$ \_\_\_\_\_ / hour Weekly scheduled working hours: \_\_\_\_\_  
8. List **GROSS** amounts and dates of checks or cash earned by this employee during the past \_\_\_ days:  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
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Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

9. Does this employee receive tips in addition to the above earnings? (complete only if applicable)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Approximate amount of tips received and frequency: \$ \_\_\_\_\_ / \_\_\_\_\_

10. Reason for income decrease (complete only if applicable): \_\_\_\_\_  
\_\_\_\_\_

11. Date income will increase back to normal (complete only if applicable): \_\_\_\_\_

Projected Hourly pay rate: \$ \_\_\_\_\_ / hour; Projected Weekly scheduled working hours: \_\_\_\_\_

12. Date employment started: \_\_\_\_\_ Date employment stopped: \_\_\_\_\_

**PLEASE SEE AND COMPLETE REVERSE SIDE**

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13. Reason for termination (complete only if applicable): \_\_\_\_\_

14. Will Employee be eligible for re-hire if position becomes available? (complete only if applicable)  
(check one only) YES \_\_\_\_\_ NO \_\_\_\_\_ (For "NO" please give reason): \_\_\_\_\_

**Employer Certification**

**WHAT I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
(Name of Official completing information)

\_\_\_\_\_  
(Official's Position Title)

\_\_\_\_\_  
(Signature of Official completing information)

\_\_\_\_\_  
Date

**PLEASE SEE AND COMPLETE REVERSE SIDE**