



FHP Verification of Income from Employment

☐ 2189 Cleveland St, Ste 230, Clearwater, FL 33765

Fax: (727) 464-8428

☐ 647 First Avenue North, St. Petersburg, FL 33701

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: _____