



Burlington Lead Program
149 Church Street Room 32
Burlington, VT 05401
802-865-LEAD (5323)

Verification of Employment Release Form

Please note: The employee needs only to fill out the top section above the dashed line – a representative of the employer will fill out the remainder of the form. This form only needs to be filled out by persons who are currently employed. If you are self-employed, a full-time student, receive a Section 8 Voucher, receive unemployment, or have zero-income, please email sdurmick@burlingtonvt.gov or call 802-865-LEAD (5323) to receive the appropriate income verification forms. Thank you!

Your Name and Address: _____

Place of Employment: _____

Place of Employment Address: _____

Employer Email & Phone Number: _____

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Burlington Lead Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

Signature

Printed Name

Date

Below is to be completed by the representative of the place of employment. A prompt return of the requested information would be appreciated. **When complete, please return this form to the Burlington Lead Program by email or mail: blp@burlingtonvt.gov, 149 Church St. Room 32 Burlington, VT 05401**

Employed Since: _____ Salary: _____ Occupation: _____

Base Pay Rate: \$ _____ /Hour; or \$ _____ /Week; or \$ _____ /Month

Average hours worked per week: _____ Year to Date Income: _____

Number of weeks worked per year: _____ Overtime Pay Rate: \$ _____ /Hour

Expected avg. # of overtime hours worked per week during the next 12 months: _____

Compensation not included above (commissions, bonuses, tips, etc.): _____

Total Base Pay Earnings for Past 12 Months: \$ _____

Total Overtime Earnings for Past 12 Months: \$ _____

Signature of Authorized Representative

Printed Name

Date

Title: _____ **Number & Email:** _____

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 or fraudulent statements to any department of the United States Government.

Please return this form when complete to: blp@burlingtonvt.gov 149 Church St. Room 32 Burlington, VT 05401