



KEVIN KAMENETZ  
County Executive

ANDREA VAN ARSDALE, DIRECTOR  
Department of Planning

**VERIFICATION OF EMPLOYMENT**

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

TO: \_\_\_\_\_

RE: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Dear Employer:

The individual name above is an applicant/participant in the Lead Safe Baltimore County program administered by the Baltimore County Department of Planning, Division of Housing & Community Development. To determine the family's eligibility for the program participation, Federal regulations require Baltimore County to verify the household income, expenses, and other information related to eligibility. The information requested below will be used only for the purpose of determining eligibility for program participation. We are required to complete our verification process in a short period of time, so your prompt response will be appreciated. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**Authorization:**

I, \_\_\_\_\_, hereby authorize the release of the information  
(Applicant/Participant Name)  
requested below regarding my employment and compensation.

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

Head of Household Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Date of Employment: \_\_\_\_\_ Termination Date: (if applicable) \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Does the employee work in Baltimore County? \_\_\_ Yes \_\_\_ No

Address of work location: \_\_\_\_\_  
\_\_\_\_\_

Current Earnings: -Base rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_  
-Overtime rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_  
-Average hours worked per week: \_\_\_\_\_  
-Average overtime hours anticipated per week: \_\_\_\_\_  
-Anticipated tips, commissions, bonuses: \_\_\_\_\_  
-Gross annual earnings you anticipated for this employee for the next 12 months (include tips, bonuses, overtime, commissions, etc.):  
\$ \_\_\_\_\_

Gross Earnings for this employee in the last four quarters (include tips, bonuses, overtime, commissions, etc.):

Quarter End Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Do you anticipate any change in the employee's rate of pay in the near future: \_\_\_ Yes \_\_\_ No  
If yes, revised date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Does this employee receive paid vacation? \_\_\_ Yes \_\_\_ No If yes, how many days/weeks? \_\_\_\_\_

Medical Insurance Deduction: \$ \_\_\_\_\_ per \_\_\_\_\_  
Savings Plan Deduction \$ \_\_\_\_\_ per \_\_\_\_\_

If employer's work is seasonal or sporadic, indicate lay-off periods: \_\_\_\_\_  
Additional Comments:

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Name of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Tax ID #