NOTARIZED VERIFICATION OF CASH EMPLOYMENT

I. To be completed by Employer:
Name of Business/Employer: ________________________________
Address of Business/Employer: ________________________________
Phone Number of Business/Employer: ________________________________
-I certify that the information provided with regards to hours worked and payment is true and complete.
-I am aware that if I knowingly provide false information, that I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud and can be prosecuted for Fraud.
Signature of Employer: ________________________________ Date: ________________________________
Print Name: ___________________________________________ Title: ___________________________________________

II. To be completed by Second Employer (if applicable):
Name of Business/Employer: ______________________________________________
Address of Business/Employer: ____________________________________________
Phone Number of Business/Employer: _______________________________________
-I certify that the information provided with regards to hours worked and payment is true and complete.
-I am aware that if I knowingly provide false information, that I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud and can be prosecuted for Fraud.
Signature of Employer: ________________________________ Date: ________________________________
Print Name: ___________________________________________ Title: ___________________________________________

III. To be completed by Employee in the presence of a Notary:
-I certify that the information provided with regards to hours worked and payment is true and complete.
-I am aware that if I knowingly provide false information, that I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud and can be prosecuted for Fraud.
Signature of Employee: ________________________________ Date: ________________________________
Print Name: ___________________________________________ Subscribed and sworn to, before me this _______day of ________, 20_____
My commission expires: ___________________________ County of: ___________________________
Signature of Notary: _______________________________________

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