



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: _____



1631 E Vine Street, Suite E
Kissimmee, FL 34744
(P) 321-219-6300
(F) 407.933.5012
www.elcosceola.org
info@elcosceola.org