

**AFFORDABLE MARKET PURCHASE PROGRAM (AMPP)
VERIFICATION OF EMPLOYMENT FORM**

**ITEMS A – F TO BE COMPLETED BY EMPLOYEE
(FILL IN EVERY LINE)**

- A. Date of Request: _____
- B. Name of Employer: _____
- C. Name of Applicant: _____
- D. Social Security Number: _____
- E. Address of Applicant: _____
- F. Authorization: I hereby authorize release of the information requested below. I understand that if I give false or incomplete information, it could be perceived as a program violation.

SIGNATURE OF APPLICANT

DATE

**ITEMS G – N TO BE COMPLETED BY EMPLOYER
(FILL IN EVERY LINE)**

- G. Employee Title: _____
- H. Dates of Employment: _____ to _____
- I. Termination Date: _____
- J. Rate of Base Pay: _____

Hourly

Monthly

Annually

Number of hours worked per week: _____

