

EMPLOYEE VERIFICATION FORM

Sponsored by the Belong! COVID-19 Assistance Fund (BCAF)

FOR APPLICANT TO COMPLETE

Vienna Residents (living in zip code 22180 or 22181) applying for aid through Belong! COVID-19 Assistance Fund: please complete the questions below and ask your Employer (who you worked for prior to March 1, 2020) to complete the remainder of the form to verify your employment with them and that your work was negatively impacted by COVID-19.

YOUR NAME _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

FOR EMPLOYER TO COMPLETE

Your employee (or former employee) is applying for financial aid through the Belong! COVID-19 Assistance Fund. By completing this form, you the EMPLOYER, are certifying that the following is true for the person named above. Please check **only those answers that apply**.

_____ Yes my employee was employed by my business prior to March 1, 2020

_____ Yes, this employee was paid \$20 **or less** per hour (equivalent to \$41,600 or less annually) prior to March 1, 2020.

_____ Yes, due to COVID-19, this employee's pay or hours (or both) was reduced by 50% or more for at least 30 days during the period between March 1 - September 30, 2020.

EMPLOYER: Please only complete the remainder of this form if you could answer YES to all the questions above.

I, _____ certify that my employee _____ meets the qualifications named above.

Employer's name/title _____

Business Name _____ Business EIN _____

Business mailing address _____

Signature _____ Phone _____

EMPLOYER: Please return completed form to the employee applying for aid. APPLICANT: please include completed form with your application. You can scan and email to BCAF@belongvienna.org or mail with your application to Belong!; 133 Park Street, NE; Vienna, VA 22180