



United Ways of California

# USDA Farm and Food Workers Relief Program

## Employer Verification & Attestation Form

### CERTIFIED STATEMENT

Knowing the penalty for making false statements under the United States Criminal Code\* (see below), I HEREBY CERTIFY AND ATTEST, under penalty of perjury, that the following information is true and complete. I understand that I may be held liable, prosecuted to the fullest extent of the law, have to repay this assistance, and face other legal penalties if I commit fraud or knowingly assist anyone to commit fraud to receive assistance.

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Still Employed: Yes \_\_\_ No \_\_\_

### EMPLOYER INFORMATION

Employer / Business Name: \_\_\_\_\_

Employer / Business Address: \_\_\_\_\_

Business Type: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Section 35 (A) of the United States Criminal Code makes it a criminal offense punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction.*

*\* TITLE 18, SECTION 1001 of the United States Criminal Code states that a person is guilty of a felony for falsifying a material fact or knowingly and willingly making false or fraudulent statements to any department of the United States Government.*

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**By signing my name and submitting this Employer Verification & Attestation Form, I certify that I am an authorized representative acting on behalf of the above-named employer.**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_