

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY RESIDENT

TO: _____ Date: _____
(Name & address of employer)

RE: _____ Applicant/Resident Name _____ Social Security Number _____ Unit # _____
(if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident _____ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ No ___ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Annual gross earnings from previous year (if employed then):

Number of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/___

Overtime Rate: \$ _____ per hour Number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____
(circle one) hourly weekly bi-weekly semi-monthly monthly yearly

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature _____ Employer's Printed Name _____ Date

Employer [Company] Name and Address

Phone # _____ Fax # _____ E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.