

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document.)

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Project Name: _____ Unit ID: _____
Applicant/ Tenant: _____ SSN: _____

Employer:

Business Name: _____ Contact Person: _____
Address: _____ Phone: _____
City, State, Zip _____ Email: _____

I hereby authorize release of my employment information.

Signature of Applicant/Tenant 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.

Sincerely,

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please use GROSS amounts and do not leave any fields blank; enter zero "0" or "N/A".
► Please provide an employe pay stub or pay history report when returning this completed form. ◄

Employee Name: _____ Job Title: _____ Employee is Independent Contractor W-2 Employee

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

Current Wages: Hourly Salary \$ _____ Pay Frequency: Weekly Bi-weekly Semi-monthly Monthly

Average # of regular hours per week: _____ Pay Method: Cash Check Direct Deposit Other: _____

Year-to-date: \$ _____ from ___/___/___ through ___/___/___ Number of pay periods included in YTD earnings: _____

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

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

Commissions \$ _____ Bonuses \$ _____ Tips \$ _____ Other: \$ _____ Frequency: Weekly Bi-weekly Semi-monthly
 Monthly Yearly Other _____

Are the commissions, bonuses, tips, and/or other compensation included in the Year-to- date earnings above? (circle one) Yes No

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): _____

Is the employee eligible for unemployment during the layoff? Yes No

Additional remarks: _____

Employer Signature Employer Printed Name Employer's Position Title Date

Employer Name and Address

Phone Fax # Email

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.