

DOCUMENTATION OF TELEPHONE VERIFICATION

Applicant/Resident: _____

Unit No.: _____

Part I:

Oral (telephone) verifications may be used when other methods are not feasible. Describe the reason(s) why third-party written or first-hand verifications are not feasible in this instance. **NOTE: Attempts at third-party and first-hand verifications MUST be documented in the file.**

Part II:

In lieu of third-party written or first-hand verification, on _____, at _____,
(Date) (Time)

I spoke with _____,
(Contact Person) (Title)

at _____ at _____.
(Phone number) (Name of Employer)

Part III:

Date employment began: _____ Date employment ended: _____

Employee's Position: _____

Gross Pay before Deductions

Wage/Salary: \$ _____ Weekly Bi-Weekly Monthly Bi-monthly Annually

Gross Year-to-date Earnings: \$ _____ (Period Covering) From: _____ To: _____

Average number of hours worked per week: _____ Number of weeks employed each year: _____

Overtime (OT) Rate: \$ _____ Average number of hours worked per week: _____

Shift Differential Rate: \$ _____ Average number of hours worked per week: _____

Amount of tips, commission, bonuses, other: \$ _____ Weekly Monthly Annually

Expected change in pay: \$ _____ Effective date: _____

Is the employee's work seasonal or sporadic? _____ If yes, what is the layoff period? _____

Other remarks regarding employee's income: _____

(Signature of Owner or Authorized Representative)

(Date)

(Printed Name)

(Print Title)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.