EMPLOYMENT VERIFICATION

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| THIS SECTION TO BE COMPLETED BY APPLICANT |

**TO:** (Name & address of employer)

 Name:

 Street:

 City, State, Zip Code:

# RE:

#  Applicant Name Social Security Number (last 4 digits only)

I hereby authorize release of my employment information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential and will be used for housing purposes only. Your prompt response is crucial and greatly appreciated.

Return to:

Name:

Street:

City, State, Zip Code:

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| --- |
| THIS SECTION TO BE COMPLETED BY EMPLOYER |

Employee Name:       Job Title:

Presently Employed:  Date first employed:

If no, last date of employment:

Employee paid (circle one): hourly wages or salaried

1. If hourly wage, what is rate of pay $      per hour? Average # of hours per week?
2. If salaried employee, what is monthly or yearly pay? $      (indicate per month or year)

What is the frequency of pay (circle one):

Year-to-date earnings: $      through

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:

Employee’s Signature Employee’s Printed Name/Title Date

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Employer’s Signature/Title 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.