

EMPLOYMENT VERIFICATION

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: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:

Job Title:

Presently Employed: Yes No Date first employed:

If no, last date of employment:

Employee paid (select one):

a) If hourly wage, what is rate of pay \$_____ per hour? Average # of hours per week? ____

b) If salaried employee, what is monthly or yearly pay? \$_____ (indicate per month or year)

What is the frequency of pay (select 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

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.

