Employment Verification

To: (Name and Address of Employer)	Date:
RE:	
Applicant/Tenant Name	SSN # Unit #
I hereby authorize the release of my employment	information:
Signature of Applicant/Tenant	 Date
The individual named directly above is an application of income. The information provided stated purpose only. Your prompt response	will remain confidential to satisfaction of that
Project Owner/Management Agent	
Return Form To:	
THIS SECTION TO BE COM	PLETED BY EMPLOYER
Employee:	Job Title:
Presently Employed: Yes Date	First Employed:
 ∏No Last	Day Employed:
Current Wages/Salary: \$	(check one)
hourly weekly bi-weekly semi-mon	
Average # of Regular hours per week:	
YTD \$ From:	 To:
Overtime Rate (per hour)	<u> </u>
Shift Differential Rate:	Average # of SD Hours: \$ (per week)

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Commissions, bonuses, tips, other additional pay: \$		(check one)	
hourly weekly bi-weekly semi-monthly monthly other			
List any anticipated change in the employees rate of pay within the next 12 months (raise): Amount: Effective Date:			
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):			
	_		
Additional Remarks:			
Employer's Signature Em	ployer's Printed Name	Date	
Employer [Company] Name and Address			
E-mail	Phone	Fax	

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.