Employment Verification

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

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 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.

_____

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED 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-monthly ☐ monthly ☐ other: _____

Average # of Regular hours per week: _____

YTD $ _____ From: _____ To: _____

Overtime Rate (per hour): $ _____ Average # of OT Hours: _____ *(per week)*

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	Employer'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.*