

EMPLOYMENT VERIFICATION

DATE: _____

EMPLOYER: _____
ADDRESS: _____
CITY, STATE, ZIP _____
CONTACT: _____
TEL: _____ FAX: _____

PROPERTY: _____
ADDRESS: _____
CITY, STATE, ZIP _____
CONTACT: _____
TEL: _____ FAX: _____

The individual named directly below is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility for housing. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

PRINTED NAME OF EMPLOYEE: _____ ADDITIONAL INFO: _____

RELEASE STATEMENT

I hereby authorize the above named management agent to make inquiries regarding release of employment information for the purpose of determining my eligibility for occupancy.

SIGNATURE _____

DATE _____

THE FOLLOWING TO BE COMPLETED BY EMPLOYER

(Please provide information for *all* fields)

Employee's Position: _____ Hire Date: _____ End Date: _____

Circle one:

Rate of Pay: \$ _____ Is Rate: hourly, weekly, bi-weekly, semi-monthly, monthly, annually?

Average number of hours worked per week: _____

Average number of months worked per year, if less than 12: _____

Is an increase in pay/wage expected within the next 12 months? Yes No

If yes, please indicate effective date and amount of the increase: _____

Does employee receive other forms of compensation? Yes No If yes, please indicate type and frequency below.

Overtime: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Tips: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Bonuses: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Commission: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Shift differential/Other Compensation: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Current year to date earnings	Dates		Number of pay periods included in the YTD earnings below:
	From:	To:	
Base pay/salary:	\$		
Overtime/Other (specify):	\$		
Total:	\$		

AUTHORIZED REPRESENTATIVE

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE/TITLE _____

DATE _____

PRINTED NAME _____

PHONE _____

FAX _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or to obtain federal funds.

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UPDATED 12/9/14