

Verification of Employment

Employer: _____

Address: _____

Fax #: _____

RE: _____
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent Title Date

Owner/Agent's Address Owner/Agent's Fax Number

Consent to Release Information: My signature below authorizes verification of my employment information.

Applicant/Resident Signature

Date

Employer: Please fill out the information below as completely as possible.

Date of Hire: _____ Position: _____

Base Pay: \$_____ per (check one) Year Month Week Hour Other: _____

If hourly, hours worked per week: _____

Year-to-Date Earnings: \$_____ YTD Period: ____/____/____ thru ____/____/____

Overtime Hrs per week: _____ Overtime pay rate: \$_____

Average No. of Shift Differential Hours per week: _____ Shift Differential Rate per Hour: \$_____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$_____ per (check one) Year Month Week Hour

Are bonus/commissions Guaranteed? Yes No, Explain: _____

Date of Next Pay Increase (if known): _____ Amount of Next Pay Increase (if known): \$_____

If employment is seasonal/periodic, please specify layoff periods: _____

Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative Title Date

Telephone #: _____