

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT**

**TO:** \_\_\_\_\_  
Employer [company] Name & Address

\_\_\_\_\_

\_\_\_\_\_

Phone Number

Fax Number

**RE:** \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Unit # (if assigned)

I hereby authorize 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 and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_ Signature of Owner's Representative

\_\_\_\_\_ Date

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

**\*PLEASE COMPLETE EVERY LINE - IF IT DOES NOT APPLY PLEASE WRITE N/A OR NONE\***

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Presently Employed:  Yes - Date First Employed: \_\_\_\_\_

No - Last Day of Employment: \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ per (check only one):

- hourly     weekly     bi-weekly     semi-monthly  
 monthly     yearly     other \_\_\_\_\_

Frequency of pay: (check only one):

- daily     weekly     bi-weekly     semi-monthly  
 monthly     yearly     other \_\_\_\_\_

Ave # of regular hours per wk: \_\_\_\_\_ Year-to-date gross earnings: \$ \_\_\_\_\_ From: \_\_\_\_\_ through:

\_\_\_\_\_ Number of pay periods included in the YTD earnings: \_\_\_\_\_

Overtime rate per hour: \$ \_\_\_\_\_

Average # of overtime hours per week: \_\_\_\_\_

Shift differential per hour: \$ \_\_\_\_\_

Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check only one):  hourly     weekly     bi-weekly     semi-monthly  
 monthly     yearly     other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_

Effective date: \_\_\_\_\_

Is the employee's work seasonal or sporadic?  Yes  No    If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

Does the employee participate in a 401K/Retirement account?  Yes  No    Employee can access the account?  Yes  No

Additional remarks: \_\_\_\_\_

\_\_\_\_\_ Employer's Signature

\_\_\_\_\_ Employer's Printed Name

\_\_\_\_\_ Date

\_\_\_\_\_ 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.