

# EMPLOYMENT VERIFICATION

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

To: (Name & Address of Employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_ Applicant/Tenant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # (if assigned) \_\_\_\_\_

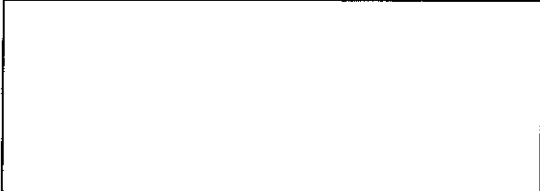
I hereby authorize release of my employment information.

\_\_\_\_\_  
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 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

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "None" if applicable

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  Yes Date First Employed: \_\_\_\_\_  No Last Date of Employment: \_\_\_\_\_

Current Gross Wages/Salary: \$ \_\_\_\_\_ (check one below) Average # of regular hours per week: \_\_\_\_\_

Hourly  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  Other \_\_\_\_\_

Year-to-date gross earnings: \$ \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one below) Included in Y-T-D figure above?  Yes  No

Hourly  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  Other \_\_\_\_\_

If other is checked please describe/explain: \_\_\_\_\_

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

Does the employee participate in a 401(k) Retirement account?  Yes  No Can employee access the account?  Yes  No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional Remarks \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature \_\_\_\_\_ Employer's Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employer (Company) Name \_\_\_\_\_ 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.