

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 _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed _____ No Last Day of Employment _____

Current gross wages/salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week (not included in regular hours): _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week (not included in regular hours): _____

Commissions, bonuses, tips, other: \$ _____ (circle 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 this employee have a 401(k), 403(b), or other retirement account? Yes No If yes, can the employee withdraw the funds in this account? Yes No What is the appropriate agency/contact information to verify retirement account information? _____

Current year to date earnings	Dates From: _____ To: _____	Number of pay periods included in YTD earnings below:
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: _____

Company Name: _____

Address: _____

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 1/8/2020