

EMPLOYMENT VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY MANAGEMENT AND SIGNED BY THE RESIDENT

TO:

(Name & address of employer)

DATE: _____

RE:

Applicant/Resident Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information:

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/resident 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.

Property Owner/Management Agent

Return Form to:

Phone Number/Fax Number

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed? Yes: ___ Date First Employed: _____ No ___ Last day of Employment: _____

Current Wages/Salary \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other

Average # of regular hours per week: _____ Year-to-date earnings \$ _____ through ___/___/___

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

Shift Differential Rate: \$ _____ per hour Average # of shift differentials per week: _____

Commission, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other

List any anticipated change in employee's rate of pay within the next 12 months: _____ Effective date: _____

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

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address