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: $_____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 #