# 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**

Employee Name: Job Title:

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

**Current** Wages/Salary: $ (check one)

□ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other

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

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

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

Commissions, bonuses, tips, other: $ (check 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:

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 |  |  |  |
| 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.

Employment Verification (March 2009)