

## 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 #