## **EMPLOYMENT VERIFICATION**

TO:	(Name & address of employer)	Date:	Date:	
RE:				
	Applicant/Tenant Name	Social Security Number	Unit # (if assigned)	
I hereby	y authorize release of my employment information.			
	Signature of Applicant/Tenant		Date	
	lividual named directly above is an applicant/tenant confidential to satisfaction of that stated purpose onl			
	Project Owner/Management Agent			
	MAIL OR FAX	X THIS FORM TO:		
	THE FOLLOWING SEC	TION TO BE COMPLETED BY EMP	PLOYER	
Employ	vee Name:	Job Title		
Present	ly Employed: Yes Date Employed	No Last Day of E	Employment	
Current	Wages/Salary: \$ (circle one) he	ourly weekly bi-weekly semi-monthly n	nonthly yearly other	
Averag	e # of regular hours per week:	Year-to-date earnings: \$ from	om/ thru/	
Overtin	ne Rate: \$ per hour Aver	age # of overtime hours per week:		
Shift D	ifferential Rate: \$ per hour	Average # of shift differential hours per week: _		
Commi	ssions, bonuses, tips, other: \$(circle one)	hourly weekly bi-weekly semi-monthly	monthly yearly other	
List any	y anticipated change in the employee's rate of pay wi	thin the next 12 months:; Effect	ive date	
If the en	mployee's work is seasonal or sporadic, please indica	te the layoff period(s):		
Additio	onal remarks:		_	
	Employer's Signature	Employer's Printed Name	Date	
	En	nployer [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.