

Employment Verification Form

In order to determine eligibility for the Easton Affordable Housing Program, we must verify both employment and income on the below listed applicant.

I hereby authorize and request you to furnish information regarding my employment. I understand that this information will be kept confidential and will be used only for the program purposes.

Name and Address: _____

Applicant Signature: _____ Date: _____

We ask your cooperation in providing the following information and returning it to:

Easton Affordable Housing Program, 14 S. Harrison Street, Easton, MD 21601

Your prompt return of this information will help to assure timely processing of the application.

Section I – General Information: (To be completed by employer)

Employee Name: _____ SS# _____

Employee Address: _____

Type of work performed by employee: _____ Hire Date: _____

Number of hours worked per week: _____ Number of Days per week: _____

Employee Paid: \$ _____ [] Weekly [] Bi-Weekly [] Semi-monthly [] Monthly [] Other

Does employee receive commission /tips? [] Y [] N (if yes, indicate amount): \$ _____

Annual Bonus (Indicate amount): \$ _____

Is employment year round? [] Y [] N (If No, specify: 12 mos ____ 11½ mos ____ 11 mos ____
10½ mos ____ 10 mos ____ 9½ ____ 9 mos ____ or _____ mos

Section II – Employer Information: (To be completed by employer)

Employer Name: _____ Title: _____

Business Name: _____ Phone: _____

Business Address: _____

Section III – Employer Verification:

This form should be completed and signed by a bona fide representative of the employer such as the human resources personnel, bookkeeper or accountant. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

The information provided on this form is true and complete to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature Title Date