



Region of Waterloo

PLANNING, HOUSING AND  
COMMUNITY SERVICES  
Housing

## COMMUNITY HOUSING ACCESS CENTRE

235 King Street East, 6<sup>th</sup> Floor, Kitchener, ON N2G 4N5

Phone: (519) 575-4833 Fax: (519) 893-8648

E-Mail: chac@region.waterloo.on.ca

### EMPLOYMENT VERIFICATION FORM

Please complete a separate form for all household members with employment income.  
All information will be treated as confidential.

TO BE COMPLETED BY EMPLOYEE				
Last Name		First Name		Initial
Address – Street Number and Street Name		Unit/Apt. No.	City	Postal Code
Home Phone	Business Phone	Cell Phone	Social Insurance Number	
Employee Signature			Date	

TO BE COMPLETED BY EMPLOYER				
<p><b>Eligibility for community housing is based on the applicant's gross household income. By signing above, the employee has authorized you to release any and all information regarding their employment and income from your organization. Please provide and/or verify the information requested below.</b></p>				
Employer's Company Name		Employer's Business Phone		
Employer's Address		City	Postal Code	
Employee's Position		Employee Paid By: <input type="radio"/> Hour <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Other (please state)	Current Rate:  Per:	
Seasonal Employment: <input type="radio"/> Yes <input type="radio"/> No	If hourly, average hours per week:	Date employment commenced:	Date most recent pay increase started (MM/DD/YY):	
<b>Income Breakdown</b>	<b>Please complete both columns.</b>			
	<b>Gross Earnings in Past 8 Weeks</b>		<b>Gross Earnings in Past Year</b>	
	From: (date)	To: (date)	From: (date)	To: (date)
Basic Salary	\$		\$	
Overtime and Premium, Shift Bonus	\$		\$	
Cost of Living Allowance	\$		\$	
Commissions, Gratuities, Tips	\$		\$	
Yearly Bonus	\$		\$	
Other Benefits	\$		\$	
Total Gross Earnings	\$		\$	

ROWCAS FORM F017

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Form completed by (please print name)	
Signature	
Position	Date