

**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 #** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

I hereby authorize release of my employment information: (Employee Signature)

\_\_\_\_\_ **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 the stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_ **Project Owner/Management Agent**

**RETURN FORM TO:**  
**FAX: (217) 344-9257**

**THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY**

**Employee Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Presently Employed:** YES / NO **START DATE :** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**Current Wages/Salary:** \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

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

**Comments:** \_\_\_\_\_ **Start date of current payroll year:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Overtime Rate:** \$ \_\_\_\_\_ /hour **Average of overtime per week:** \_\_\_\_\_ (hours)

**Shift Differential Rate:** \$ \_\_\_\_\_ /hour **Average of shift differential per week:** \_\_\_\_\_ (hours)

**Commissions, bonuses, tips, other:** \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

**Anticipated change in employee's rate of pay within the next 12 months:** \_\_\_\_\_ ; **Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**If employee's work is seasonal or sporadic, please indicate the layoff period(s):** \_\_\_\_\_

**Additional Remarks:** \_\_\_\_\_

\_\_\_\_\_  
**Employer's Signature**                      **Employer's Printed Name**                      **Date**

\_\_\_\_\_  
**Employer's Title**                                      **Employer (Company) Name and Address**

\_\_\_\_\_  
**Phone Number**                                      **Fax Number**                                      **E-mail**

**Note: Section 1001 of Title 18 of 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.**