

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.  
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> Request \_\_\_\_\_

Fax #: \_\_\_\_\_

Attn: \_\_\_\_\_

RE:

\_\_\_\_\_ Applicant/Resident Name      \_\_\_\_\_ Social Security Number      \_\_\_\_\_ Unit # (if assigned)

*I hereby authorize release of my employment information.*

\_\_\_\_\_ Signature of Applicant/Resident      \_\_\_\_\_ Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_ Management Agent

\_\_\_\_\_ Phone Number

**Return Form To:**

## THIS SECTION TO BE COMPLETED BY EMPLOYER

➡ Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A." ⬅

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

Presently Employed:  Yes      Date First Employed: \_\_\_\_\_       No      Last Date of Employment: \_\_\_\_\_

Current **Gross** Wages/Salary: \$ \_\_\_\_\_ (check one below)      Average # of regular hours per week: \_\_\_\_\_

hourly     weekly     bi-weekly     monthly     semi-monthly     yearly     other: \_\_\_\_\_

Year-to-date **gross** earnings: \$ \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ # of Pay Periods included in YTD \_\_\_\_\_  
(mm-dd-yy)      (mm-dd-yy)

Overtime Rate: \$ \_\_\_\_\_ per hour      Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour      Average # shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one below)      Included in Y-T-D figure above?  Yes     No

hourly     weekly     bi-weekly     monthly     semi-monthly     yearly     other: \_\_\_\_\_

List any anticipated increase in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Does the employee participate in a 401(k) Retirement account?  Yes     No      Can employee access the account?  Yes     No

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

**If no Social Security number was provided, did employer view picture identification?**       Yes       No

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

\_\_\_\_\_

\_\_\_\_\_ Employer's Signature      \_\_\_\_\_ Employer's Printed Name and Title      \_\_\_\_\_ Date

\_\_\_\_\_ Employer (Company) Name      \_\_\_\_\_ E-mail Address      \_\_\_\_\_ Phone #      \_\_\_\_\_ Fax #

**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.