

## Verification of Employment

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

RE: \_\_\_\_\_  
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

*I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.*

Signature of Owner/Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent's Address \_\_\_\_\_ Owner/Agent's Fax Number \_\_\_\_\_

**Consent to Release Information:** My signature below authorizes verification of my employment information.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**Employer: Please fill out the information below as completely as possible.**

Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_

Base Pay: \$\_\_\_\_\_ per (check one) ☐ Year ☐ Month ☐ Week ☐ Hour ☐ Other: \_\_\_\_\_

If hourly, hours worked per week: \_\_\_\_\_

Year-to-Date Earnings: \$\_\_\_\_\_ YTD Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ thru \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Overtime Hrs per week: \_\_\_\_\_ Overtime pay rate: \$\_\_\_\_\_

Average No. of Shift Differential Hours per week: \_\_\_\_\_ Shift Differential Rate per Hour: \$\_\_\_\_\_

Does this employee receive? (check all that apply) ☐ Bonuses ☐ Tips ☐ Commission ☐ None

Average bonus/tips/commission: \$\_\_\_\_\_ per (check one) ☐ Year ☐ Month ☐ Week ☐ Hour

Are bonus/commissions Guaranteed? ☐ Yes ☐ No, Explain: \_\_\_\_\_

Date of Next Pay Increase (if known): \_\_\_\_\_ Amount of Next Pay Increase (if known): \$\_\_\_\_\_

If employment is seasonal/periodic, please specify layoff periods: \_\_\_\_\_

Employer Comments: \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Signature of Employer Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone #: \_\_\_\_\_

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April 2015