

EMPLOYMENT VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

EMPLOYER NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME OF EMPLOYEE: _____

SIGNATURE OF EMPLOYEE: _____

Parts 1-3 below are to be completed by the employer

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above employee.

(Note: Information provided may require additional documentation)

PART 1 (EMPLOYMENT STATUS AND PAY METHOD):

Presently Employed: Yes No

If yes, Hire Date: _____ If no, Termination Date: _____

Method of Payment (select one): Cash Paper Check Direct Deposit Depository Debit Card Other

If other, explanation: _____

Does this employee have a 401(k), 403(b), or other retirement account: Yes No

If yes, can the employee withdraw the funds in this account: Yes No

What is the appropriate agency/contact information to verify retirement account information: _____

PART 2 (WAGE/SALARY INFO):

Current Gross Wages/Salary: \$ _____

Frequency (select one): Hourly Weekly Bi-Weekly Semi-Monthly Monthly Annually Other: _____

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week (not included in regular hours): _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week (not included in regular hours): _____

Commissions/Bonuses/Tips/Other: \$ _____

Frequency (select one): Hourly Weekly Bi-Weekly Semi-Monthly Monthly Annually Other: _____

List any anticipated changes in the employees' rate of pay within the next 12 months: _____ Effective Date: _____

Is the employee's work seasonal or sporadic: Yes No

If yes, indicate the average number of weeks in the layoff period(s): _____

PART 3 (CURRENT YEAR TO DATE INFO):

Dates From: _____ Dates To: _____ # of Pay Periods included in the Earnings Below: _____

Current Year to Date Base Pay/Salary: \$ _____

Current Year to Date Overtime/Other: \$ _____

Other Explanation: _____

Current Total Year to Date Earnings: \$ _____

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Company Name: _____

Email: _____

