



VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY PROPERTY MANAGEMENT AND EXECUTED BY TENANT

To: (Name & Address of Employer)

Form with three horizontal lines for employer name and address.

RE: _____
Printed Applicant/Tenant Name

I hereby authorize the release of my information

Signature of Applicant/Tenant

The individual named above is an applicant/tenant of a housing program that requires verification of employment and earnings. This information will be held in strict confidence for use only in determining eligibility. Thank you for your cooperation.

Return to: (Name & Address of Property Manager)

Form with three horizontal lines for property manager name and address.

Property Manager/Authorized Representative

BELOW SECTION TO BE COMPLETED BY EMPLOYER

This form should be completed and signed by a bona fide representative of the employer such as the bookkeeper or accountant. In no event should it be completed by the employee.

Employee Name: _____ Job Title: _____

Dates of Employment: Start _____ Termination: _____

Current Wages/Salary: \$ _____ (check one) Monthly; Weekly; Biweekly; Other: _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ to ___/___/___

Commission, bonuses, tips, other: \$ _____ (check one) Monthly; Weekly; Biweekly; Other: _____

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

Anticipated changes in the employee's rate of pay or hours within the next twelve months: _____ Effective date: _____

Additional Remarks: _____

Employer Printed Name and Title _____ Signature _____ Date _____

Employer (Company) Name _____ Address _____

Phone Number _____ E-mail _____

WARNING: 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.