



verification of employment

The employer contact information below is to be completed by the property owner/agent, not the applicant/resident.

Employer	
Address	
Fax	Email
Regarding (Applicant/Resident Name)	

Note: Please return the completed form to the owner/agent address/fax (bolded) below.

property owner/management agent signature

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. *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
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Owner/Agent's Mailing Address	Property owner/management agent signature
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Owner/Agent's Fax Number	Owner/Agent's Email Address
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applicant/resident (employee) consent to release information

My signature below authorizes verification of my employment information.

Applicant/Resident Signature	Date
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Form continues on next page.

employers: please fill out the information below as completely as possible.

Please do not leave any items left blank. If an item is not applicable, please check the n/a box.

Employee Name		Job Title			
Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date First Employed: _____ Last Date of Employment: _____			
Base Pay \$ _____ per (check one)	<input type="checkbox"/> Hour If hourly, regular hours worked per week? _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other: (biweekly, semi-monthly, etc.) _____
Overtime Hours Per Week _____ <input type="checkbox"/> N/A	Overtime Rate Per Hour \$ _____ <input type="checkbox"/> N/A	Shift Differential Hours Per Week _____ <input type="checkbox"/> N/A	Shift Differential Rate Per Hour \$ _____ <input type="checkbox"/> N/A		
Year-to-date Earnings \$ _____		YTD Period _____ to _____			
Does this employee receive? (check all that apply)		<input type="checkbox"/> Bonuses	<input type="checkbox"/> Commission	<input type="checkbox"/> Tips	<input type="checkbox"/> None
Average bonuses/tips/commissions \$ _____ per (check one) <input type="checkbox"/> N/A	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	
Are bonuses/tips/commissions guaranteed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please explain:		<input type="checkbox"/> N/A
Date of Next Pay Increase (if known) _____ <input type="checkbox"/> N/A		Amount of Next Pay Increase (if known) \$ _____ <input type="checkbox"/> N/A			
If employment is seasonal/periodic, please specify layoff periods.		<input type="checkbox"/> N/A			
Does this employee have a 401(k), 403(b), or other retirement account?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, can the employee withdraw the funds in this account?				<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the appropriate agency/contact information to verify retirement account information?				<input type="checkbox"/> N/A	

If form is completed electronically please complete box below:

Employer completed this form electronically _____ (employer initials)

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 Print Name Date

Title Telephone Number Email