



verification of employment

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

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)	

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	Printed Name and Title	Date
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Owner/Agent's Mailing Address

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	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other: (biweekly, semi-monthly, etc.)
\$ _____ per (check one)	If hourly, regular hours worked per week? _____				
Overtime Hours Per Week	Overtime Rate Per Hour	Shift Differential Hours Per Week	Shift Differential Rate Per Hour		
_____ <input type="checkbox"/> N/A	\$ _____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A	\$ _____ <input type="checkbox"/> N/A		
Employee is paid by:	<input type="checkbox"/> Check	<input type="checkbox"/> Card	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Other	
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	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	
\$ _____ per (check one) <input type="checkbox"/> N/A					
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)	Amount of Next Pay Increase (if known)				
_____ <input type="checkbox"/> N/A	\$ _____ <input type="checkbox"/> N/A				
If employment is seasonal/periodic, please specify layoff periods.		<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 _____