EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT This form must be mailed or faxed to the resident's employer by on-site personnel. The resident cannot "hand carry" this form to his/her employer.	
TO: (Name & address of employer)	1 st Request
	2 nd Request
	3rd Request
	Fax #:
	Attn:
RE:	
Applicant/Resident Name	Social Security Number Unit # (if assigned)
I hereby authorize release of my employment infor	rmation.
Signature of Applicant/Resident	 Date
The individual named above is an applicant/resident of	of a housing program that requires verification of income. The information provided will remain
The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.	
	Return Form To:
Management Agent	
Management Agent	
Phone Number	
THIS SE	CTION TO BE COMPLETED BY EMPLOYER
Please use GROSS amou	unts and do not leave any sections blank; enter zero "0" or "N/A."
Employee Name:	Job Title:
Presently Employed: Yes Date First E	Employed: No Last Date of Employment:
Current Gross Wages/Salary: \$	(check one below) Average # of regular hours per week:
hourly weekly bi-weekly	
Year-to-date gross earnings: \$	
	(mm-dd-yy) (mm-dd-yy)
Overtime Rate: \$	per hour Average # of overtime hours per week:
Shift Differential Rate: \$	per hour Average # shift differential hours per week:
Commissions, bonuses, tips, other: \$	(check one below) Included in Y-T-D figure above?
☐ hourly ☐ weekly ☐ bi-weekly	☐ monthly ☐ semi-monthly ☐ yearly ☐ other:
List any anticipated increase in the employee's rat	e of pay within the next 12 months: Effective Date:
Does the employee participate in a 401(k) Retirem	ent account? ☐ Yes ☐ No Can employee access the account? ☐ Yes ☐ No
If the employee work is seasonal or sporadic, plea	se indicate the layoff period(s):
If no Social Security number was provided, did	l employer view picture identification?
Additional Remarks:	
Additional Nemans.	
·	
Employer's Signature	Employer's Printed Name and Title Date
Employer (Company) Name	E-mail Address Phone # Fax #

NOTE: 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.