

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY APPLICANT

TO: (Name & address of employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant Name Social Security Number

I hereby authorize release of my employment information:

\_\_\_\_\_  
Signature of Applicant Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential and will be used for housing purposes only. Your prompt response is crucial and greatly appreciated.

**Return Form To:**

\_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ No \_\_\_ Date first employed \_\_\_\_\_

If no, last date of employment \_\_\_\_\_

Employee paid (circle one): hourly wages or salaried

a) If hourly wage, what is rate of pay \$ \_\_\_\_\_ per hour? Average # of hours per week? \_\_\_\_\_

b) If salaried employee, what is monthly or yearly pay? \$ \_\_\_\_\_ (indicate per month or year)

What is the frequency of pay (circle one): bi-weekly; weekly; bi-monthly; monthly

Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Employee's Printed Name/Title Date

\_\_\_\_\_  
Employer's Signature/Title Employer (Company) Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**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.