



EMPLOYMENT VERIFICATION



<p>(Name & Address of Employer)</p> <p>To: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Re: _____</p> <p style="text-align: center;">(Applicant / Tenant Name)</p> <p>_____</p> <p style="text-align: center;">(Social Security Number)</p>	<p>Date: _____</p> <p>From: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p>
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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature of Applicant / Tenant

Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named directly above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS Code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence.**

We ask your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help assure timely processing of this application for assistance. The applicant/tenant has consented to this release of information as shown above.

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date Employed: _____ No _____ Last Day of Employment _____

Is employee eligible for unemployment compensation? _____ Yes _____ No

Current Wages/Salary: \$ _____ (circle one): hour week bi-weekly month year other _____

Average # of regular hours per week: _____

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

Total anticipated overtime earnings for the next 12 months: \$ _____

Commissions, bonuses, tips, other: \$ _____ (circle one): hour week bi-weekly month year other _____

Prior year total earnings including overtime, commissions, bonuses, tips and other: \$ _____

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

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Phone Number

Fax Number

Email

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.