

Employment Verification

To: Name _____
Address _____
Email _____
Phone _____
Fax _____

From: Name _____
Address _____
Email _____
Phone _____
Fax _____

Re: Name _____

Last 4 Digits of SSN: _____

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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Tenant _____

Date _____

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Employee Name: _____ Presently employed: Yes, Start Date: _____ No, End Date: _____

Current Wages: \$ _____ per: hour week bi-weekly month year other _____ Average # of regular hours worked per week: _____
(circle one)

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

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

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ Date effective: _____

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

Additional Remarks: _____

Name / Title of Person Supplying Information

Organization

Signature

Date

Phone #

Fax #

Email Address

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. or to any matter within its jurisdiction.

