



# verification of employment

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)	

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

## 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	Title	Date
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<b>Owner/Agent's Mailing Address</b>	Property owner/management agent signature
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<b>Owner/Agent's Fax Number</b>	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 \$ _____ per (check one)	<input type="checkbox"/> Hour If hourly, regular hours worked per week? _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other: (biweekly, semi-monthly, etc.) _____
Overtime Hours Per Week _____ <input type="checkbox"/> N/A	Overtime Rate Per Hour \$ _____ <input type="checkbox"/> N/A	Shift Differential Hours Per Week _____ <input type="checkbox"/> N/A	Shift Differential Rate Per Hour \$ _____ <input type="checkbox"/> N/A		
Gross Year-to-date Earnings \$ _____		YTD Period _____ to _____			
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 \$ _____ per (check one) <input type="checkbox"/> N/A		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
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) _____ <input type="checkbox"/> N/A		Amount of Next Pay Increase (if known) \$ _____ <input type="checkbox"/> N/A			
If employment is seasonal/periodic, please specify layoff periods.		<input type="checkbox"/> N/A			
Does this employee have a 401(k), 403(b), or other retirement account?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, can the employee withdraw the funds in this account?				<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the appropriate agency/contact information to verify retirement account information?				<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