

EMPLOYMENT VERIFICATION

This section to be completed by Owner/Agent and Applicant/Tenant

The Owner/Agent must mail, fax or email this form directly to the Applicant's/Tenant's employer.

EMPLOYER:

Company Name: _____

Address: _____

Email: _____

Fax#: _____

PROPERTY:

Property Name: _____

Address: _____

Email: _____

Fax#: _____

**APPLICANT/TENANT (Employee)
Authorization for Release of Information**

Printed Name of Applicant/Tenant

SSN Last Four Digits

Unit # (if assigned)

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent a unit at the property identified above and as required by the funding program/s associated with it.

Signature of Applicant/Tenant

Date

The above named applicant/tenant has applied for or currently resides in rental housing in a community that operates under a state and/or federal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility to reside at this property.

Employer – please complete the following: (Mark items N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed: YES: _____
Date of Hire

NO: _____
Date Employment Ended

Regular WAGES: \$ _____ Per Hour Week Bi-Weekly Semi-Monthly Month Year

Average # of Regular Hours/Week: _____ Employee Works Overtime: Yes No

Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____/hour > Included in YTD? Yes No NA

Avg # of Shift Differential Hours/Week: _____ Shift Differential Rate: \$ _____/hour > Included in YTD? Yes No NA

Commissions/Bonuses: \$ _____/Hour/Week/Month Tips: \$ _____/hour/week/month > Included in YTD? Yes No NA

Gross Year-to-Date (YTD) Earnings: \$ _____ **Earned From:** ____/____/____ to ____/____/____

Any anticipated changes in this employee's wages within the next 12 months: Yes No

List upcoming change/s: _____ Effective Date: _____

Employee's work is Seasonal or Sporadic: Yes No If Yes, indicate lay-off period/s: _____

Employee participates in a 401K / Retirement Account: Yes No Can employee access funds in the account? Yes No

If the account can be accessed, how much can the employee withdraw without retiring or losing employment? \$ _____

I hereby certify, by my signature below that the information I have supplied is true and correct:

Printed Name of Verifier

Title of Verifier

Phone Number

Signature of Verifier

Date

Email

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.