Employer: Address:

Fax #:

RE: \_ **Applicant/Resident Name and Social Security Number**

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. Please return the completed form to the address/fax below.

*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

Owner/Agent’s Address Owner/Agent’s Fax Number

Date

Applicant/Resident Signature

**Consent to Release Information:** My signature below authorizes verification of my employment information.

**Employer: Please fill out the information below as completely as possible.**

Initial Date of Hire: Date of Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Base Pay Rate: $\_\_\_\_\_\_\_\_\_\_\_\_

If hourly, hours worked per week: \_

Year-to-Date Earnings: $ YTD Period: / \_ / thru / \_ /

Overtime Hrs per week: Overtime pay rate: $

Average No. of Shift Differential Hours per week: Shift Differential Rate per Hour: $

Does this employee receive? *(check all that apply)*

Bonuses

Tips

Commission

None

Average bonus/tips/commission: $ per *(check one)*

Year

Month

Week

Hour

Are bonus/commissions Guaranteed?

Yes

No, Explain:

Date of Next Pay Increase (*if known*): Amount of Next Pay Increase (*if known*): $

If employment is seasonal/periodic, please specify layoff periods:

***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 Title Date

Telephone #: