



EMPLOYMENT VERIFICATION

*This form is to be completed by the Employer, Manager, or Personnel Office.
The employee is NOT authorized to complete this form for verification.*

Employer's Name:

Employee: _____

SSN: _____

The person named above has given you as an employer reference. The United States Housing Act of 1937, as amended, requires us to obtain verification of annual income for all household members who apply or are participating in a Federal housing program. Periodically we are required to review this information during the tenure of family's participation for the purpose of determining eligibility.

Please complete any information that applies to the employee and be assured that your reply will be kept confidential. It will be appreciated if you would answer this inquiry as soon as possible and **return to us by mail, fax, or email**. If you have any questions, please contact us. Thank you.

Longmont Housing Staff Printed Name

PHONE: (303) 651-8581
FAX: (303) 682-2899
EMAIL: info@longmontha.com

Longmont Housing Staff Signature

I'm authorizing you to please furnish the information requested below: _____
(Signature of Employee)

Initial Date of Employment _____ Occupation/Title _____

Date of Termination _____ Is the employee eligible for rehire? _____ Unemployment? _____

If this is a temporary assignment, when is the last date of employment? _____ Anticipated reassignment? _____

If seasonal or temporary, what are the average annual gross wages? _____

Basic rate of pay per hour \$ _____ Hours per week _____

Overtime rate per hour \$ _____ Average weekly Overtime Hours _____

If pay is not hourly, rate of pay is \$ _____ per _____

Average weekly commissions \$ _____ Average weekly TIP's \$ _____

Are meals included? _____ Are meals in addition to gross pay? _____

TOTAL GROSS WAGES (YTD) \$ _____

Signed by: _____ Title: _____

Telephone Number: _____ Date: _____

