

Verification of employment

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

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)	

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	Printed Name and Title	Date
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Owner/Agent's Mailing Address

Owner/Agent's Fax Number	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?	☐ Yes Date First Employed: _____			☐ No Last Date of Employment: _____			
Base Pay	☐ Hour If hourly, regular hours worked per week? _____	☐ Week	☐ Month	☐ Year	☐ Other: (biweekly, semi-monthly, etc.)		
\$ _____ per (check one)							
Overtime Hours Per Week	Overtime Rate Per Hour	Shift Differential Hours Per Week		Shift Differential Rate Per Hour			
_____ ☐ N/A	\$ _____ ☐ N/A	_____ ☐ N/A		\$ _____ ☐ N/A			
Employee is paid by:	☐ Check	☐ Card	☐ Direct Deposit	☐ Other			
Does this employee receive? (check all that apply)		☐ Bonuses	☐ Commission	☐ Tips	☐ None		
Average bonuses/tips/commissions		☐ Hour	☐ Week	☐ Month	☐ Year		
\$ _____ per (check one) ☐ N/A							
Are bonuses/tips/commissions guaranteed?		☐ Yes	☐ No. Please explain:			☐ N/A	
Date of Next Pay increase (if known)		Amount of Next Pay increase (if known)					
_____ ☐ N/A		\$ _____ ☐ N/A					
If employment is seasonal/periodic, please specify layoff periods.		☐ 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