PART 4: REQUEST FOR VERIFICATION OF EMPLOYMENT

Section 4A:

Applicant - Complete Section 4A for each job and give this form to the employer to complete Sections 4B and 4C.

Applicant's Name:	Employer's Name:
Address: _____ _____	Address: _____ _____
City, State, Zip Code	City, State, Zip Code
Phone:	Phone:	Fax:

Applicant - Check the box of the program(s) to which the employer should send the completed information:

☐	City of Boulder Housing Program	Phone: 303.441.3157	Email: homeownership@bouldercolorado.gov
☐	Boulder County Down Payment Assistance Program/ City of Longmont Affordable Homeownership Program	Phone: 303.774.4339	Email: erica.maresmoncada@longmontcolorado.gov
☐	Thistle Communities	Phone: 303.443.0007 Fax: 303.443.0098	Email: mryback@thistle.us
☐	Elevation Community Land Trust	Phone: 720-822-0052	Email: info@elevationclt.org
☐	Flatirons Habitat For Humanity	Phone: 303.447.3787	Email: lsanders@flatironshabitat.org

I authorize the employer listed above to release my employment information to the program indicated above.

Employee's Signature: _____   Date: _____

Section 4B:

Employer - Please provide the following information for the above listed employee and send the completed form to the program marked in Section 4A. Contact the program with questions.

Present Position:	Dates of employment:
Probability of Continued Employment:	
Current Gross Pay (Enter amount per Pay Period): $	
Please circle pay period frequency: hourly weekly 2x/month (24x/yr) bi-weekly (26/yr) monthly Other: _____	
Average regular hours worked per week:	

Overtime rate per hour: $	Average number of overtime hours per week:
Commissions earned per week: $	
Tips earned per week: $	Annual Bonuses: $

Date and amount of applicant's last pay increase:	Date	Amount
Date and projected amount of applicant's next pay increase:	Date	Amount

Additional information (please explain seasonal work cycles and other pertinent information):

Employee's Total Gross Annual Income: $

Section 4C

Employer - Authorized Signature

Signature	Title	Date
Printed Name	Phone or Email Contact:	