

## 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:

<input type="checkbox"/>	City of Boulder Housing Program	Phone: 303.441.3157	Email: homeownership@bouldercolorado.gov
<input type="checkbox"/>	Boulder County Down Payment Assistance Program/ City of Longmont Affordable Homeownership Program	Phone: 303.774.4339	Email: katie.sylvis@longmontcolorado.gov
<input type="checkbox"/>	Thistle Communities	Phone: 303.443.0007	Email: mryback@thistle.us
<input type="checkbox"/>	Elevation Community Land Trust	Phone: 720.822.0052	Email: info@elevationclt.org
<input type="checkbox"/>	Flatirons Habitat For Humanity	Phone: 303.447.3787	Email: familyservices@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: _____			
Physical address/location of work (Include percentage of on site vs. remote work, if applicable): _____			
Current Gross Pay (Enter amount per Pay Period): \$ _____			
Please circle pay period frequency: 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: _____	

