



EMPLOYMENT VERIFICATION

Date: ____/____/____

(EMPLOYER NAME AND ADDRESS)

To: _____

Name: _____
 Soc. Sec. # XXX - XX - _____
 Date of Birth: ____/____/____

Phone: _____

We are required to verify income data of applicant and residents of Low-Rent and Section 8 Housing in order that we may determine eligibility and establish rents. We request your cooperation in supplying the following information. Any information supplied will be kept in strict confidence and will be used only for the purpose stated. Thank you.

I do certify that my facsimile signature is the same as the original.

I authorize the release of this information: Resident / Applicant: _____

HCV Program Specialist: _____

Below line is for Employer to fill out

- Employment Dates: ____/____/____ To: ____/____/____
- Employment is: () Permanent () Temporary () Seasonal
- Current base pay rate: \$_____ per hour \$_____ night/shift differential
 \$_____ over time rate per hour \$_____ hours per week
- Average number of hours per: day _____ week _____ month _____
- Estimated amount of: Tips \$_____ () per hour () per week
- Bonus: _____ paid (monthly, quarterly, yearly)
- Commissions: \$_____ per _____
- Actual earnings during the past 12 months or for a period of employment less than 12 months \$_____ from ____/____/____ to ____/____/____
- Estimate of anticipated total earnings for the next 12 months: \$ _____

Date: ____/____/____ Signature/Title _____ Phone: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willfully false statements or misrepresentation to any Department or Agency of the United States as to any matter within its Jurisdiction.