



**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.**