

**ATTACHMENT I-3: EMPLOYMENT VERIFICATION FORM**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date:

RE: xxx-xx-

Applicant/Tenant Name Last Four Digits of SS Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.



Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Job Title:

Presently Employed: Yes Date First Employed No Last Day of Employment

Current Wages/Salary: $ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: Year-to-date earnings: $ through / /

Overtime Rate: $ per hour Average # of overtime hours per week:

Shift Differential Rate: $ per hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: $ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date:

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): Additional remarks:

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of   
 the United States as to any matter within its jurisdiction.