

## EMPLOYMENT VERIFICATION

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT		
<b>TO: (Name of Employer)</b>	<b>Dated:</b>	
<b>Employer Address:</b>	<b>Phone/Fax:</b>	
<b>RE: (Applicant/Resident Name)</b>	<b>Last 4 Digits of Social Security Number:</b>	
<p><b>RELEASE:</b> My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.</p>		
_____	_____	_____
<b>Applicant/Resident Printed Name</b>	<b>Signature</b>	<b>Date</b>
<p><b>Information:</b> The individual named directly above is an applicant/resident of the Affordable Housing Program (AHP) which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>		
<b>Administrator/Owner/Management Name:</b>	<b>AHP Number:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>Email Address:</b>	<b>Fax:</b>	
Your prompt response is crucial and greatly appreciated,		
_____	_____	_____
<b>Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title</b>	<b>Signature</b>	<b>Date</b>

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name:	Job Title:
Presently Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO    Date First Employed: _____ Last Day of Employment: _____ or <input type="checkbox"/> Not Applicable	
<u>Current</u> 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):	
Do Employees have access to an Employer Retirement Account prior to termination or retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional remark(s):	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION			
I certify that the above information is true and correct,			
_____	_____	_____	
<b>Signature of Employers Authorized Representative</b>	<b>Representative's Title</b>	<b>Date</b>	
_____	_____	_____	_____
<b>Authorized Representative's Printed Name</b>	<b>Phone #</b>	<b>Fax #</b>	<b>Email</b>
_____			
<b>Employer [Company] Name and Address</b>			

**Note: Title 18, Section 1001 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.**