

VERIFICATION OF EMPLOYMENT

TO: ADDRESS OF EMPLOYER

**FROM: HOUSING AUTHORITY
OF TRAILL COUNTY
P.O. BOX 369
HILLSBORO, ND 58045**

NAME OF APPLICANT: _____

TO BE COMPLETED BY APPLICANT'S EMPLOYER

1. Is applicant employed by you now? Yes _____ No _____
A. If yes, date employment began. _____
B. If no, last day of employment. _____

2. If not now, when will applicant begin employment? _____

3. Present pay is \$ _____ (Gross Amount)
This amount is paid: Gross Annual Pay _____
Gross Monthly Pay _____
Gross Weekly Pay _____
Hourly Rate _____
Other _____

4. Normal hours expected to work per week. _____

5. Overtime earnings expected per month?

6. Is pay received for vacation? _____ Number of days per year _____

7. Position or Job Title: _____

8. Other remarks that may pertain to applicant's employment: _____

DATE: _____

**Signature and Title of Authorized
Official**