



## VERIFICATION OF EMPLOYMENT

We are required to verify the income of all members of the household for families applying for admission to the federally assisted housing programs we operate, and to redetermine the income of tenant families periodically. We use this information to determine the tenant rent, which is income-based. To comply with this requirement we ask your cooperation in completing this form for the employee listed below. This information will be used only in determining the eligibility status and rent responsibility of the employee's household. Your prompt return of this form is appreciated.

Employee Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Is the applicant listed above employed by you now? ( ) YES ( ) NO

If YES, date employment began: \_\_\_\_\_

If NO, last day of employment: \_\_\_\_\_

If not yet, when will the applicant begin employment? \_\_\_\_\_

Current pay for this employee is \$ \_\_\_\_\_ per ( ) HOUR ( ) WEEK ( ) MONTH

Normal hours expected per week: \_\_\_\_\_

Overtime earnings expected per week: \_\_\_\_\_

Gross expected pay: \$ \_\_\_\_\_ per ( ) WEEK ( ) MONTH ( ) YEAR

Position or Job Title: \_\_\_\_\_

Other remarks that may pertain to the applicant's employment: \_\_\_\_\_

Signature of Employer/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby consent to the release of information requested:**

Signature of Applicant/Tenant: \_\_\_\_\_ Date: \_\_\_\_\_