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EMPLOYMENT VERIFICATION FORM

TO: EMPLOYER _____
ADDRESS _____
_____
TELEPHONE _____

RE: _____
Applicant/Tenant Name

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant/Tenant Date

The person named above is an applicant/tenant for a dwelling unit in our housing complex. Thank you for your cooperation in completing this form.

_____
.Project Manager/Agent

EMPLOYER COMPLETE THIS PORTION

Employee Name: _____

Job Title_____

Date employment began_____ Year-to-date earnings: $_____

Average # of regular hours per week :_____

Current wages/salary $_____hourly weekly bi-weekly monthly yearly.(circle one)

Average Overtime $ _____per hour Average # of overtime hours per week: _____

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

Do you anticipate this employee to remain in the existing position for the next year? _____

REMARKS:
_____
_____

Employer's Signature_____ Employer's Printed Name _____

Employer (Company) Name and Address_____

Telephone #_____ Fax #_____

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.