## EMPLOYMENT VERIFICATION

TO: (Na	ame & address of employer)	Date:	
_		<u> </u>	
_		_	
RE:	Applicant/Tenant Name	Social Security Number	Unit # (if assigned)
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I hereby auth	norize release of my employment information.		
	Signature of Applicant/Tenant	Da	ate
	al named directly above is an applicant/tenant of a housing prodential to satisfaction of that stated purpose only. Your prompt		
_	Project Owner/Management Agent		
	Return Form T	Го:	
	THIS SECTION TO BE CO	MPLETED BY EMPLOYER	
Employee Na	ame:	Job Title:	
Presently Em	nployed: Yes No Date First Employed	Last Day of Employn	nent
Current Wag	es/Salary: \$ (circle one) hourly weekl	y bi-weekly semi-monthly mo	onthly yearly other
Average # of	Fregular hours per week: Year-to-date From	te earnings: \$	
Overtime Ra	te: \$ per hour Average #	of overtime hours per week:	
Shift Differen	ntial Rate: \$ per hour Average #	of shift differential hours per week: _	
Commissions	s, bonuses, tips, other: \$ (circle one) hourly week	cly bi-weekly semi-monthly m	onthly yearly other
List any antid	cipated change in the employee's rate of pay within the next 12	months:	; Effective date:
If the employ	yee's work is seasonal or sporadic, please indicate the layoff per	riod(s):	
Does this em	uployee have a 401k, 403b or other retirement account?	If yes, can the employee withdraw th	e funds in this account?
Additional re	emarks:		
	Employer's Signature Employer's I	Printed Name	Date
	Employer [Company	] Name and Address	
	Phone # Fs		F-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.