## **EMPLOYMENT VERIFICATION**

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:	(Name & address of employer)		Date:	
RE:	Applicant/Tenant Name		Social Security Number	Unit # (if assigned)
	authorize release of my employment inform		Social Security Mullioer	Olit " (Il ussiglied)
1 nereby	autionze release of my employment morm			
	Signature of Applicant/Tenant		E	Date
	ividual named directly above is an applicant confidential to satisfaction of that stated purp			
	Project Owner/Management Age	ent		
		Return Form To:		
	THIS SI	ECTION TO BE COMP	LETED BY EMPLOYER	
Employ	ee Name:	Job ]	Title:	
Presentl	y Employed: Yes Date First Em	ployed	No Last Day of Emp	ployment
	t Wages/Salary: \$ (c hourly □ weekly □ bi-weekly □ se		□ yearly □ other	
Average	# of regular hours per week:	Year-to-date earnings: \$	from://	through://
Overtin	e Rate: \$ per hour	Average # of ove	ertime hours per week:	
Shift Di	fferential Rate: \$ per hour	Average # of shi	ft differential hours per week: _	
Commis	ssions, bonuses, tips, other: \$ hourly □ weekly □ bi-weekly □ set	( (check one) mi-monthly $\Box$ monthly	□ yearly □ other	
List any	anticipated change in the employee's rate of	pay within the next 12 month	18:	; Effective date:
If the er	nployee's work is seasonal or sporadic, pleas	e indicate the layoff period(s)	:	
Additio	nal remarks:			
	Employer's Signature	Employer's Printed	Name	Date
		Employer [Company] Nam	e and Address	
	Phone #	Fax #		E-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.