EMPLOYMENT VERIFICATION

This section to be completed by Owner/Agent and Applicant/Tenant

The Owner/Agent must mail, fax or email this form directly to the Applicant's/Tenant's employer.

EMPLOYER:

Company Name: _____

Address: _____

_____

_____

Email: _____

Fax#: _____

PROPERTY:

Property Name: Fountain Place

Address: _____

_____

_____

Email: _____

Fax#: _____

APPLICANT/TENANT (Employee)
Authorization for Release of Information

_____ ☐☐☐☐ _____

Printed Name of Applicant/Tenant | SSN Last Four Digits | Unit # (if assigned)

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent a unit at the property identified above and as required by the funding program/s associated with it.

_____ _____

Signature of Applicant/Tenant | Date

The above named applicant/tenant has applied for or currently resides in rental housing in a community that operates under a state and/or federal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility to reside at this property.

Employer – please complete the following: (Mark items N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed: ☐ **YES**: _____ (Date of Hire) ☐ **NO**: _____ (Date Employment Ended)

Regular WAGES: $ _____ **Per** ☐ **Hour** ☐ **Week** ☐ **Bi-Weekly** ☐ **Semi-Monthly** ☐ **Month** ☐ **Year**

Average # of Regular Hours/Week: _____ Employee Works Overtime: ☐ Yes ☐ No

Average # of Overtime Hours/Week: _____ Overtime Rate: $_____ /hour > Included in YTD? ☐ Yes ☐ No ☐ NA

Avg # of Shift Differential Hours/Week: _____ Shift Differential Rate: $ _____ /hour > Included in YTD? ☐ Yes ☐ No ☐ NA

Commissions/Bonuses: $_____ /Hour/Week/Month Tips: $ _____ /hour/week/month > Included in YTD? ☐ Yes ☐ No ☐ NA

Gross Year-to-Date (YTD) Earnings: $_____ **Earned From:** ____/____/____ **to** ____/____/____

Any anticipated changes in this employee's wages within the next 12 months: ☐ **Yes** ☐ **No**

List upcoming change/s: _____ Effective Date: _____

Employee's work is Seasonal or Sporadic: ☐ Yes ☐ No If Yes, indicate lay-off period/s: _____

Employee participates in a 401K / Retirement Account: ☐ Yes ☐ No Can employee access funds in the account? ☐ Yes ☐ No

If the account can be accessed, how much can the employee withdraw without retiring or losing employment? $ _____

I hereby certify, by my signature below that the information I have supplied is true and correct:

_____ _____ _____

Printed Name of Verifier | Title of Verifier | Phone Number

_____ _____ _____

Signature of Verifier | Date | Email

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.