EMPLOYMENT VERIFICATION

TO:	(Name & address of employer)		Date:	
			-	
			-	
RE:	Applicant/Tenant Name		Social Security Number	Unit # (if assigned)
	y authorize release of my employment infor			
	Signature of Applicant/Tenar	nt		Date
	lividual named directly above is an applica confidential to satisfaction of that stated pu			
	Project Owner/Management A	gent		
		Return Form To:		
	THIS	SECTION TO BE COM	PLETED BY EMPLOYER	<u> </u>
	vee Name:			
	ly Employed: Yes Date First E		No Last Day of En	nployment
	nt Wages/Salary: \$ hourly □ weekly □ bi-weekly □ s		□ yearly □ other	
Averag	e # of regular hours per week:	Year-to-date earnings: \$	from:/	/through:/
Overtin	ne Rate: \$ per hour	Average # of o	overtime hours per week:	
Shift D	ifferential Rate: \$ per hour	Average # of s	shift differential hours per week:	:
Commi	ssions, bonuses, tips, other: \$ hourly \text{weekly} \text{bi-weekly} \text{c}	(check one) semi-monthly \square monthly	□ yearly □ other	
List any	y anticipated change in the employee's rate	of pay within the next 12 mo	nths:	; Effective date:
If the e	mployee's work is seasonal or sporadic, plea	ase indicate the layoff period	(s):	
Additio	onal remarks:			
	Employer's Signature	Employer's Prin	ted Name	Date
		Employer [Company] Na	ame 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.