

EMPLOYMENT VERIFICATION

This section to be completed by Management and Executed by Applicant/Resident

The property Owner/Agent must mail, fax or e-mail this form directly to the applicant/tenant's employer.

Name & Mailing Address of Employer

To: _____

Fax #: _____
E-Mail: _____

Name & Mailing Address of Property

From: _____

Fax #: _____
E-Mail: _____

Applicant/Tenant Permission for the Release of Information

Printed Name of Applicant/Tenant Unit # (if assigned) XXX - XX -
Last Four Digits of SS#

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by Low-Income Housing Tax Credit (LIHTC) program.

Signature of Applicant/Tenant Date

This section to be completed by Employer

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 program eligibility status of the applicant/tenant. Please provide the information requested below:

Please insert "N/A" on the space(s) provided below for all items that do not apply to the above-named applicant/tenant.

Employee Name: _____ Job Title: _____

Presently Employed: Yes - Hire Date: _____ No - Last Date of Employment: _____

Current **GROSS Wages**: \$ _____ per Hour Week Bi-weekly Semi-monthly Month Year Other

Average # of Regular Hours/Week: _____ **Gross Year-To-Date Earnings**: \$ _____ from ___/___/___ to ___/___/___

Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____ /hour Included in YTD above? Yes No

Avg. # of Shift Differential Hours/Week: _____ Shift Differential Rate: \$ _____ /hour Included in YTD above? Yes No

Commissions, bonuses, tips, other: \$ _____ per Hour Week Bi-weekly Semi-monthly Month Year Other _____

Are commissions, bonuses, tips, or other income included in **Gross YTD earnings** listed above? Yes No

List any anticipated changes in the employee's wages within the next 12 months: _____ Effective date: ___/___/___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Does the employee participate in a 401K / Retirement account? Yes No Employee can access 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:

Signature of Verifier Date Phone Number

Printed Name of Verifier Title of Verifier Fax Number

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