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: _____

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.

XAQIIJINTA SHAQADA

Qaybtaan waa inuu buuxiyo Mulkiilaha/Wakiilka iyo Codsadaha/Kireystaha

Mulkiilaha/wakiilka waa inuu foomkaan si toos ah ugu diraa Codsadaha/Kiraystaha asagoo adeegsanaya boosto, iimayl ama fakis.

SHIRKAD/LOO SHAQEEYE:

Magaca Shirkada: _____

Ciwaanka: _____

_____

_____

Iimaylka: _____

Lambarka fakiska: _____

DHISMAHA:

Magaca Dhismaha: _____

Ciwaanka: _____

_____

_____

Iimaylka: _____

Lambarka fakiska: _____

CODSADAHA/KIREYSTAHA (Shaqaalaha)
Oggolaanshaha Shaacinta Xogta

_____ Magaca Codsadaha/Kireystaha oo far waawayn ku Qoran

☐☐☐☐ Afarta lambar ee Ugu dambeeya lambarka SSN

_____ Lambarka Dhismaha (haddii la aqoondeeyay)

Marka aan saxiixo, waxaan halkan ku oggolanayaa shaacinta macluumaadka lagu codsaday hoos si loo go'aamiyo inaan u qalmo inaan kireysto dhisme ku yaala dhismaha lagu aqoonsaday kor iyo sida uu qabo barnaamijka maalgelinta/arrimaha la xariira.

_____ Saxiixa Codsadaha/Kirada

_____ Taariikhda

Codsadaha/kireystaha lagu magacaabay kor waxa uu codsaday ama hadda ku nool yahay guri kiro ah oo xafaada dhexdeeda ku yaala oo hoos yimaada gobolka iyo/ama barnaamijka guriyeynta federaalka ee u baahan xaqiijinta dakhliga. Xogta aad bixiso waxay ahaan doontaa qarsoodi waxaana kaliya loo isticmaali doonaa in lagu go'aamiyo u qalmida in codsadaha/kireystaha uu degi karo dhismahaan.

Shirkada - fadlan buuxi meelahaan soo socda: (Ku calaamadee meelaha Ima Khuseyso haddii aysan ku khuseyn)

Magaca Shaqaalaha: _____ Jagada Shaqada: _____

Hadda Shaqeeya: ☐ **HAA**: _____ ☐ **MAYA**: _____

Taariikhda Shaqaaleysiinta — Taariikhda Shaqadu Dhamaatay

MUSHAARADA Joogtada ah: $_____ Halkii ☐ Saac ☐ Asbuucii ☐ Labo Jeer Asbuucii ☐ Labo jeer Bishii ☐ Bil kasta ☐ Sanadkii

Tirada Celceliska Saacadaha Caadiga ah/Asbuucii: ___ Shaqaaluhu wuxuu shaqeeyaa Waqti dheeraad ah: ☐ Haa ☐ Maya

Lambarka Celceliska Saacadaha/Asbuuca Dheeraadka ah: ___ Qiimaha Mushaarka dheeraadka ah: $ ____ /saacadii

> Oo ay ku jirto YTD? ☐ Haa ☐ Maya ☐ Ma aqaan

Lambarka celceliska ee Saacadaha/Asbuuca Qaybta Shaqadaada ka Baxsan**:** ____ Qiimaha Mushaarka Waqtiga Ka baxsan Kan shaqadaada: $ ____ /saacadii

> Oo ay ku jirto YTD? ☐ Haa ☐ Maya ☐ Ma aqaan

Komishinada/Gunnooyinka: **$**___ /Lacagta Garashada ah Saacadii/Asbuucii/Bishii**:** **$** ____ /saacadii/asbuucii/bishii

> Oo ay kujiraan YTD? ☐ Haa ☐ Maya ☐ Ma aqaan

Mushaarka Guud ee Sanadkii-ilaa-Hadda (YTD): $ _____ Mushaarka: __ / __ / _ illaa __ / __ / _

Isbadel kasta oo la filaayo in lagu sameeyo mushaarka shaqaalahaan 12 bilood ee soo socda: ☐ Haa ☐ Maya

Liis garee isbadelka/isbadelada soo socda: _____ Taariikhda Dhaqan Galka: _____

Shaqada shaqaalaha waa mid Joogto ah ama Hadba mar timaada: ☐ Haa ☐ Maya haddii jawaabtu haa tahay, sheeg waqtiga shaqada la joojiyay: _____

Ka qaybgalka shaqaalaha 401K / Akoonka Hawlgabka: ☐ Haa ☐ Maya Shaqaaluhu ma heli karaa maalgelinada kujira akoonka? ☐ Haa ☐ Maya

Haddii akoonka la geli karo, intee in le'eg ayuu shaqaaluhu ka bixi karaa isaga oo aan hawlgab noqon ama waayin shaqo? $ _____

Waxaan halkaan ku cadeynayaa, anigoo hoos saxiixaya in macluumaadka aan bixiyay uu yahay run iyo sax:

_____ Magaca Xaqiijiyaha oo Far waawayn ku qoran

_____ Ciwaanka Xaqiijiyaha

_____ Lambarka Taleefanka

_____ Saxiixa Xaqiijiyaha

_____ Taariikhda

_____ Iimaylka

Fadlan iimayl u dir Language.Access@HCS.oregon.gov haddii aad qabto walaacyo ama haddii aan tayada turjumaadaan kor u qaadi karno

OGEYSIIS: Qaybta 1001 aad ee Xeerka 18 aad ee Sharciga Mareykanka wuxuu ka dhigayaa dembi inaad si ula kac ah u samayso hadalo been abuur ah ama aan run ahayn oo aadna la wadaagto Waax kasta ama Hay'ad kasta oo Mareykanka marka la eego awoodooda sharci.