## **EMPLOYMENT VERIFICATION**

TO:	(Name & address of employer)		Γ	Date:		
			-			
			_			
RE:	Applicant/Tenant Name		Social Se	ecurity Number	Unit # (if assigned)	
I hereb	by authorize release of my employment infor	mation.				
	Signature of Applicant/Tenar	nt		Da	nte	
	dividual named directly above is an applica a confidential to satisfaction of that stated pu					
	Project Owner/Management A	gent				
		Return Form To	:			
	THIS	SECTION TO BE COM	PLETED	BY EMPLOYER		
Emplo	yee Name:	Jo	b Title:			
Presen	tly Employed: Yes Date First E	mployed	No	Last Day of Empl	loyment	
Curre	<u>nt</u> Wages/Salary: \$ ☐ hourly ☐ weekly ☐ bi-weekly ☐ s	(check one) semi-monthly □ monthly	□ yearly	□ other		
Averag	ge # of regular hours per week:	Year-to-date earnings: \$		from:/	through:/	
Overti	me Rate: \$ per hour	Average # of	overtime hou	ırs per week:		
Shift [	Differential Rate: \$ per hour	Average # of s	shift differer	ntial hours per week:		
	nissions, bonuses, tips, other: \$ hourly □ weekly □ bi-weekly □ :	(check one) semi-monthly $\square$ monthly	□ yearly	□ other		
List an	y anticipated change in the employee's rate	of pay within the next 12 mc	onths:		; Effective date:	
If the e	employee's work is seasonal or sporadic, plea	ase indicate the layoff period	l(s):			
Additi	onal remarks:					
	Employer's Signature	Employer's Prin	ted Name		Date	
		Employer [Company] N	ame and Add	ress		
	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.