

EMPLOYMENT VERIFICATION



Employer name, address and contact information

Email _____
Fax _____
Tel _____

RE: _____
Applicant/Tenant Name XXX- Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing community that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Return Form To:

SanfordSquare@gmail.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes ☐ No Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____

Average # of regular hours per week: _____ Year-to-date earnings: _____ through ____/____/____ Overtime

Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

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

Additional remarks: _____

_____ Employer's Signature	_____ Employer's Printed Name	_____ Date
_____ Employer's Title	_____ Employer [Company] Name 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.