

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:		Contact Person:					
Address:		Phone:		Fax:			
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ___/___/___ No Last Date of Employment: ___/___/___

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
Pay Method Cash Check Direct Deposit Other _____

Number of regular hours scheduled per week: _____ Gross Year to Date Pay: \$ _____

(If hours vary please list average anticipated)

From ___/___/___ Through ___/___/___
Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

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

Commissions, bonus, tips, other: \$ _____ Frequency Weekly Bi-weekly Monthly Semi-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) : _____

Is this employee eligible for unemployment during the layoff period? No Yes

Does this employee participate in a retirement plan such as 401k? No Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name

Date

Employer 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.