**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 Tax 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** | | | | | | | | | | | | | | | | | | | |
| * *Please answer all questions fully leaving no blanks* * *Please provide an employee pay history report when returning this completed form* | | | | | | | | | | | | | | | | | | | |
| 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:  *(If hours vary please list average anticipated)* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Gross Year to Date Pay: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Gross pay from prior year: | | | $ | | | | | | | | 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 the most recent change in the employee’s rate of pay: $\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_; Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| 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 employee eligible for unemployment during the layoff? No Yes Does employee participate in a retirement plan i.e. 401k? No Yes | | | | | | | | | | | | | | | | | | | |
| Additional Remarks: | |  | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | |  | |  | | | |
| Employer Signature | | | |  | | Employer Printed Name & Title | | | | | | | |  | | 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