

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY RESIDENT

TO: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name & address of employer)

RE: \_\_\_\_\_ Applicant/Resident Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # \_\_\_\_\_  
(if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Resident \_\_\_\_\_ Date

The individual named directly above is an applicant/tenant of a housing program 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.

Amy Poythress

Project Owner/Management Agent

**Return Form To:**

Colonial Square  
P.O. Box 125  
Manquin, VA 23106  
Fax: (804) 769-0867

## 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: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Annual gross earnings from previous year (if employed then): \_\_\_\_\_

Number of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Number of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Number of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_  
(circle one) hourly weekly bi-weekly semi-monthly monthly yearly

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 [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.