

# Employment Wage Verification

Business Address  
P.O. Box 2459  
Monument CO 80132  
Phone 719-375-5340  
FAX: 719-375-2498

Date: \_\_\_\_\_ Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_ Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

To whom it may concern,  
The person named above is an applicant for a dwelling unit. One of the requirements for occupancy is that all family income must be verified. Any information provided will be kept in strict confidence. Thank you for your cooperation.

I hereby authorize my employer to release the following information

Applicant Signature: \_\_\_\_\_

**Tenant: Do not write below this line. Deliver this form to your employer**

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1. Date of employment started \_\_\_\_\_ Occupation \_\_\_\_\_
2. Current rate of pay \_\_\_\_\_ ( ) hourly ( ) weekly ( ) monthly ( ) annual
3. Regular hours worked per day \_\_\_\_\_ Number of days worked per week \_\_\_\_\_
4. Shift Differential rate of pay \$ \_\_\_\_\_ Average # of shift differential hours per week \_\_\_\_\_
5. Overtime rate of pay \$ \_\_\_\_\_ Average # of overtime hours per week \_\_\_\_\_
6. Tips per week \$ \_\_\_\_\_ Bonus/Commissions \$ \_\_\_\_\_
7. List any anticipated change in the employee's rate or pay within the next 12 months: \_\_\_\_\_ effective
8. If the employee's work is seasonal or sporadic, please indicate the layoff period(s)

\_\_\_\_\_  
Verifiers Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Verifiers Signature

\_\_\_\_\_  
Phone Number