**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

To: *(Name and Address of Employer)* Date:

RE:

Applicant/Tenant Name

SSN # Unit #

I hereby authorize the release of my employment information:

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenantof 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.

Project Owner/Management Agent

# Return Form To:

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee: Job Title:

Presently Employed:  Yes

No

Date First Employed:

Last Day Employed:

Current Wages/Salary: $ *(check one)*

 hourly  weekly  bi-weekly  semi-monthly monthly  other:

Average # of Regular hours per week:

YTD $ From: To:

Overtime Rate (per hour) Average # of OT Hours:

*(per week)*

Shift Differential Rate: Average # of SD Hours: $

*(per week)*

Commissions, bonuses, tips, other additional pay: $ *(check one)*

 hourly  weekly  bi-weekly  semi-monthly monthly  other

List any anticipated change in the employees rate of pay within the next 12 months (raise): Amount: 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

E-mail Phone Fax

***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.*