



VERIFICATION OF EMPLOYMENT

This Form Must Be Completed By Human Resources Director, General Manager or Business Owner

Employee Name: _____

Consent to Release Information: My signature below authorizes release of my employment information. Applicants must sign and date below before submitting this form to their human resources department or manager.

Applicant Signature

Date

The above Applicant is applying to/participating in a housing program that requires verification of income and hours worked. The individual has signed the above release giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the applicant.

Incomplete or illegible information can delay the processing of the employee's housing application. This document is a supplement to the Buyer Application and supporting documents submitted by applicant and will be examined in conjunction with the full application. Information put on this form does not guarantee buyer eligibility approval.

Employer Information

Employer Name: _____

Employer Address: _____

Employer Email: _____ Employer Phone: _____

Information on Hours

Date of Hire: _____ Position: _____

Is this position (check one): Full-Time Year-Round Part-Time Year Round

Full-Time Seasonal Part-Time Seasonal

Regular Hours per Week: _____ Overtime Hours per Week: _____

Please enter the hours for both hourly and salaried employees.

Seasonal Employees (Dates should be estimated based on best information available if not known):

Current/Next Season Start Date (MM/DD/YYYY): _____

Current/Next Season End Date (MM/DD/YYYY): _____



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Physical Address of Employment: _____
(Specifically, this is where employee reports to work/conducts duties)

Additional Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative

Date

Printed Name, Title

Email

Phone