



Head of Household Name: _____

Head of Household SS#: _____

INCOME VERIFICATION*/CLARIFICATION by TELEPHONE

Property Name: _____

RE: (Name:) _____ RE:(SS#:) _____

Employer (Company): _____

Employer's Phone Number: _____

Name & Title of Person Contacted: _____

Name	Title
_____	_____

*** If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises or bonuses.**

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 _____

Average # of regular hours per week: _____

Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours / week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hrs./ week: _____

Commissions, bonuses, tips, other: \$ _____

(circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

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: _____

This form was completed on: _____
Date

By: _____
Property Manager's Signature

Print Name