



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