



Head of Household Name: \_\_\_\_\_

Head of Household SS#: \_\_\_\_\_

**EMPLOYMENT VERIFICATION**  
**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT**

*This form must be mailed or faxed to the resident's employer by on-site personnel.  
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Household Member Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Household Member Date

The individual named directly above is an applicant/resident of 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.

\_\_\_\_\_  
Property Owner/Management Agent/Caseworker  
\_\_\_\_\_  
Phone Number

**Return Form to:**  
  
**FAX: (206) 256-7026**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Presently Employed: **Yes** Date First Employed: \_\_\_\_\_ **No** 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 per week: \_\_\_\_\_  
Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per 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: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Phone # Fax # eMail

**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.