

EMPLOYMENT VERIFICATION

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program. Federal regulations (IRS Code Section 42) require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Project Owner/Management Agent

RETURN THIS FORM TO:

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes ___ Date Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$_____ per: hour week month year other_ (circle one)

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ thru ___/___/___

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: \$_____ per: hour week month year other_____ (circle one)

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): _____

Is employee eligible for unemployment compensation? ___ Yes ___ No If yes, how long? _____ How much? _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

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.