Employment Verification Instruction

Purpose: To verify an applicant's/resident's income.

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

Specific Instructions:

1. Enter name and address of employer.
2. Use this section to document when the verification was sent. Must document 3 attempts over a 2 week period before moving to an alternate verification format.
3. Enter the fax number and the person's name that the verification was sent.
4. Enter applicant's/resident's name.
5. Enter Social Security number. *
6. Enter unit number if assigned.
7. Have resident sign his/her name and enter date before mailing to employer.
8. Property Representative signs.
9. Enter Property Representative's phone number including area code.
10. Enter project name and address.

Lower portion of form to be completed by employer only. There is a new sentence that requires the employer to view picture identification if no Social Security number was provided. Make sure that each question/section is completed. If a question is not answered by the employer, you need to call and clarify.

* **Note:** For privacy reasons, a resident may elect to **not** provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

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) **(1)**

☐ 1st Request _____ **(2)**
☐ 2nd Request _____ **(2)**
☐ 3rd Request _____ **(2)**
Fax #: _____ **(3)**
Attn: _____ **(3)**

RE: _____**(4)**_____ | _____**(5)**_____ | _____**(6)**_____
Applicant/Resident Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my employment information.

_____**(7)**_____ | _____**(7)**_____
Signature of Applicant/Resident | Date

The individual named 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.

_____**(8)**_____
Management Agent

_____**(9)**_____
Phone Number

Return Form To: (10)

THIS SECTION TO BE COMPLETED BY EMPLOYER

➡ Please use **GROSS** amounts and do not leave any sections blank; enter zero **"0" or "N/A."** ⬅

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes Date First Employed: _____ ☐ No Last Date of Employment: _____

Current **Gross** Wages/Salary: $ _____ (check one below) Average # of regular hours per week: _____

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

Year-to-date **gross** earnings: $ _____ from _____ through _____ # of Pay Periods included in YTD _____
(mm-dd-yy) (mm-dd-yy)

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

Shift Differential Rate: $ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: $ _____ (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401K Retirement account? ☐ Yes ☐ No Employee can access the account? ☐ Yes ☐ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

If no Social Security number was provided, did employer view picture identification? ☐ Yes ☐ No

Additional Remarks: _____

_____ | _____ | _____
Employer's Signature | Employer's Printed Name and Title | Date

_____ | _____ | _____ | _____
Employer (Company) Name | E-mail Address | Phone # | Fax #

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.

www.wshfc.org/managers/forms-RC.htm
Employment Verification Instruction │ Rev. October 2017