

# INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Employer (Company): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Title of Person Contacted: \_\_\_\_\_  
Name Title

If this form is being used as an alternative to the *Employment Verification*, include back-up documentation (such as a copy of a pay stub).

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. If you are using this form to **clarify** information you need only to complete what you are clarifying.

*Only enter items that are being clarified.*

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 401(k) Retirement account?  Yes  No Can employee 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: \_\_\_\_\_  
\_\_\_\_\_

This form was completed on: \_\_\_\_\_  
Date

By: \_\_\_\_\_  
Management Representative Signature

\_\_\_\_\_  
Print Name