

Income Verification/ Clarification by Telephone Instruction

Only enter items
that are being
clarified in
lines 7 – 22

Purpose: To verify a resident's income.

Note: 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 and bonuses.

If this form is being used to clarify income you only need to complete the top portion and the items that you are clarifying, then date and sign.

Specific Instructions:

1. Enter property name and unit number.
2. Enter resident's full name.
3. Enter name of the resident's employer.
4. Enter employer's phone number.
5. Enter full name and title of the employer's representative who verified the resident's income.
6. Enter resident's full name.
7. Enter job title of resident.
8. If "Yes," enter starting date of employment.
If "No," enter last date of employment
9. Enter dollar amount of the current wage and/or salary and check only ONE of the choices listed (hourly, weekly, etc.).
10. Enter number of hours worked per week if resident is paid hourly.
11. Enter year-to-date earnings amount and the "paid from" and "paid through" date and # of pay periods included in YTD.
12. Enter dollar amount per hour of overtime worked per week.
13. Enter average # of overtime hours per week if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.
14. Enter dollar amount per hour for a shift differential.
15. Enter average # of shift differential hours per week (if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.)
16. Enter amount of tips, commissions and/or bonuses received per week. If tips are not provided by the employer, add 20% of gross income for food servers and personal care providers such as hair stylists; add 40% for employees in the gaming industry. Call your compliance officer if you have questions regarding tip income.
17. Enter if commissions, bonuses, tips are included in YTD.

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18. Enter dollar amount of any pay increase during the next 12 months.
19. Enter effective date of next pay raise.
20. Indicate whether resident participates in a 401(k) program and whether the resident can access the account.
21. Enter layoff periods if the employee work is seasonal or sporadic.
22. If resident did not provide a Social Security number, did the employer view picture identification?
23. Enter date you spoke to the employer on the phone.
24. Sign and print your name.

INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: (1) Unit: (1)

Resident Name: (2)

Employer (Company): (3) Phone Number: (4)

Name and Title of Person Contacted: (5) (5)
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: (6) Job Title: (7)

Presently Employed: Yes Date First Employed: (8) No Last Date of Employment: (8)

Current **Gross** Wages/Salary: \$ (9) (check one below) Average # of regular hours per week: (10)

(9) hourly weekly bi-weekly monthly semi-monthly yearly other: _____

Year-to-date **gross** earnings: \$ (11) from (11) through (11) # of Pay Periods included in YTD (11)
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ (12) per hour Average # of overtime hours per week: (13)

Shift Differential Rate: \$ (14) per hour Average # shift differential hours per week: (15)

Commissions, bonuses, tips, other: \$ (16) (check one below) Included in Y-T-D figure above? Yes No (17)

(16) hourly weekly bi-weekly monthly semi-monthly yearly other: _____

(5) List any anticipated increase in the employee's rate of pay within the next 12 months: (18) Effective Date: (19)

(20) 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): (21)

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

Additional Remarks: _____

This form was completed on: (23)
Date

By: (24)
Management Representative Signature

(24)
Print Name