

Employment Verification

EMPLOYER: _____

Date: _____

ATTN: _____

FAX# _____

RE: _____

Applicant/Tenant Name

Social Security Number

Property & Unit Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant 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.

Project Owner/Management Agent Signature

FAX THIS FORM TO:

CLEARWATER APARTMENTS
FAX: 262-506-1001

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Job Title: _____

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

Current Wage/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ # of Weeks Covered _____

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 Name (Company) and Address

Employer's Phone #

Fax #

E-mail Address