

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Employer Contact:

Business Name:	Contact Person:	
Address:	Phone:	Fax:
City:	State:	Zip: Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ___/___/___ No Last Date of Employment: ___/___/___

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
Pay Method Cash Check Direct Deposit Other

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross Year to Date Pay: \$ _____
From ___/___/___ Through ___/___/___
Number of pay periods included in the YTD earnings above: _____

Gross pay from prior year: \$ _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commissions, bonus, tips, other: \$ _____ Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____ ; Effective date: ___/___/___

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 during the layoff? No Yes Does employee participate in a retirement plan i.e. 401k? No Yes

Additional Remarks: _____

Employer Signature	Employer Printed Name & Title	Date
Employer 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