

**AFFORDABLE DWELLING UNIT PROGRAM
VERIFICATION OF EMPLOYMENT FORM**

**ITEMS A – F TO BE COMPLETED BY EMPLOYEE
(FILL IN EVERY LINE)**

- A. Date of Request: _____
- B. Name of Employer: _____
- C. Name of Applicant: _____
- D. Social Security Number: _____
- E. Address of Applicant: _____
- F. Authorization: I hereby authorize release of the information requested below. I understand that if I give false or incomplete information, it could be perceived as a program violation.

SIGNATURE OF APPLICANT

DATE

**ITEMS G – N TO BE COMPLETED BY EMPLOYER
(FILL IN EVERY LINE)**

- G. Employee Title: _____
- H. Dates of Employment: _____ to _____
- I. Termination Date: _____
- J. Rate of Base Pay: _____
Hourly Monthly Annually
- Number of hours worked per week: _____
- K. Overtime: _____
Rate of Pay Hours Worked Per Week

Projected overtime: _____

Number of overtime hours worked last month: _____

Number of overtime hours worked last two (2) months: _____

L. Commission: _____

Current

Projected

Past Month

Past Two (2) Months

M. How often is employee paid?: _____

N. Year to date gross earnings: _____

The information supplied on this document is furnished in strict confidence, in response to your request.

Date

Signature of Employer

Phone Number

Title and Office

Name and Address of Employer:

