

## 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 maximum anticipated)

Gross Year to Date Pay:                      \$ \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_      Through \_\_\_/\_\_\_/\_\_\_

Number of pay periods included in the YTD earnings above: \_\_\_\_\_

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

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

(CIRCLE ONE)      Frequency  Weekly     Bi-weekly     Monthly  
 COMMISSIONS, BONUS, TIPS, OTHER: \$ \_\_\_\_\_     Semi-monthly     Yearly     Other \_\_\_\_\_

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

List any anticipated change in the employee's rate of pay/hours 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

\_\_\_\_\_  
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