

## EMPLOYMENT VERIFICATION - TC-100 D

(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 provide an employee pay history report when returning this completed form. Please do not leave blanks.**

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) \_\_\_\_\_

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

Gross Year to Date Pay: \$ \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_  
Number of pay periods included in the YTD earnings above: \_\_\_\_\_  
Gross pay from prior year: \$ \_\_\_\_\_

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

COMMISSION \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly BONUS: \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Yearly  
TIPS: \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly OTHER: \$ \_\_\_\_\_  Semi-monthly  Yearly

Did employee receive a raise last year?  No  Yes If YES, when? \_\_\_\_\_ If the employee received a raise last year, is there any reason to think this year might be different? \_\_\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ \_\_\_\_\_ Hours \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked: \_\_\_\_\_

Is employee eligible for unemployment during the layoff?  No  Yes

Employer Signature	Employer Printed Name & Title	Date
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.