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 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 pay from prior year: $_____

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

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