

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

1st Request _____

2nd Request _____

Fax #: _____

Attn: _____

RE:

Applicant/Resident Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Ruth Edgar

Management Agent

425-271-7482

Phone Number

Return Form To:

Cedar Park Apartments

408 Monroe Ave NE, Renton, WA 98056

Fax: 425-235-8425

Email: cp@rentonhousing.org

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use gross amounts and do not leave any sections blank; enter zero "0" or N/A.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____ No Last Day of Employment: _____

Current Wages/Salary: \$ _____ (check one)

hourly weekly bi-weekly monthly semi-monthly yearly other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from _____ through _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

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

Commissions, bonuses, tips, other: \$ _____ (check one)

hourly weekly bi-weekly monthly semi-monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Please confirm receipt of employee picture identification with this verification if no Social Security # was provided.

Received: Yes No

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name

Address

Phone #

Fax #

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.