

## 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 has applied for or is already receiving housing assistance under a program of the U.S. Dept. of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of assistance. 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. Please return this form to The Housing Foundation in the enclosed self-addressed stamped envelope. The applicant/tenant has consented to this release of information as shown on the backside. Thank you.

**RETURN THIS FORM TO:**  
**The Housing Foundation**  
**37 Boulder Drive**  
**Orono, ME 04473**  
**(207) 866-4300 (office) (207) 889-9501 (fax)**

**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  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  
 Pay Method  Cash  Check  Direct Deposit  Other \_\_\_\_\_

Number of regular hours scheduled per week: \_\_\_\_\_ Gross Year to Date Pay: \$\_\_\_\_\_  
 (If hours vary please list average anticipated) From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_

Gross pay from prior year: \$\_\_\_\_\_ 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: \_\_\_\_\_

Commissions, bonus, tips, other: \$\_\_\_\_\_ Frequency  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's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is this employee's position a work study position?  No  Yes

Is this employee eligible for unemployment during the layoff period?  No  Yes

Does this employee participate in a retirement plan such as 401k?  No  Yes

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Employer Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail