HTC | HOME | EMPLOYMENT VERIFICATION



THIS SECTION	ON TO BE COMP	LETED BY MANAGEMEN	AND EXECUTE	D BY TENANT		
TO:		FROM:				
Name:						
Address:		Address	5:			
Phone:		Phone:				
Fax:						
RE: Name:						
I hereby authorize release of the requeligibility for occupancy.			under this docu	iment is for the purp	oose of determining	
Signature		Date				
The person listed above has indica confidential and will be used solely for			-	The information pro	ovided will remain	
	THIS SECTI	ON TO BE COMPLETED B	Y EMPLOYER			
Employee Name:		Job Title:				
Presently Employed:						
YES Date First Employed:		NO	Last Day o	of Employment:		
Current Wages/Salary: \$			hourly	weekly	bi-weekly	
semi-monthly	monthly	yearly	Oth	er		
Average # of regular hours per week	:	Year-to-date earnings: \$				
Overtime Rate: \$	per hour	Average # of ove	Average # of overtime hours per week:			
Shift Differential Rate: \$	per hour	Average # of shi	Average # of shift differential rate hours per week:			
Commissions, bonuses, tips, other: \$			hourly	weekly	bi-weekly	
semi-monthly	monthly	yearly	Oth	er		
List any anticipated change in the em	nployee's rate of	pay within the next 12 m				
Effective date:						
If the employee's work is seasonal or	r sporadic, please	e indicate the layoff perio	d(s):			
Additional remarks:						
Employer's Signature:						
		Employer [Company] Name:				
Address:						
Phone:			Fmail			

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

