## **EMPLOYMENT VERIFICATION**

## THIS SECTION TO BE COMPLETED BY TENANT

To:	(name and address of emplo			te:	<del></del>
	-				
Re:	Applicant/Tenant nam	e	Soci	al Security Number	Unit #
I herel	by authorize release	of my employment is	information.		
Signatu	ure of Applicant/Tenant			Date	
The indi	lividual named directly abo	ve is an applicant/tenant of a	a housing program tha	at requires verification	of income. The information
provideo	ed will remain confidential	to satisfaction of that stated p	purpose only. Your pr	ompt response is cruci	ial and greatly appreciated.
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				ED BY EN	APLOYER
	THIS SECT	TION TO BE (	COMPLET	LD DI LII	II LO I LIC
Employee		TION TO BE C			
	ee Name:		Job Title;		- L
Presently	ee Name:y Employed: YES		Job Title;	OLast Day of En	nployment
Presently Current w	ee Name:y Employed: YES	First date Employed (circle one) hourly	Job Title; N weekly bi-week	OLast Day of En	nployment
Presently Current w Average 1	ee Name:y Employed: YES wages/salary: \$ number of regular hours per w	First date Employed (circle one) hourly	Job Title;  N  weekly bi-weekly  Year-to-Date ear	OLast Day of Enkly semi-monthly	mploymentmonthly other
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