

VERIFICATION OF EMPLOYEE INCOME

Date: _____

To: NWT Community Services Corporation,
Box 715, 5403 Franklin Avenue
Yellowknife, NT X1A 2N5

From: _____
(Name of Employer)

(Address)

This is to verify that _____ is employed by this
(name of employee)

firm at the following rate of pay:

Please ✓ the appropriate box and complete the information requested in full.

_____ Hourly employee Rate of Pay \$ _____
Average hours worked per week _____

_____ Salaried employee Rate of Pay \$ _____ per month/year

Completed by: _____
Please print your name

Signature

This information is provided to NWT Community Services Corporation so that we may determine the rent to be charged to your employee and will be used for this purpose only.