



EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant 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.

Linsay Horvath
Property Owner/Management Agent

OCR Property Management
507 E. Jefferson St.
Plymouth, IN 46563
574.936.7616(Ph) • 574.367.2164 (Fax)
davegeobel@remax.net

RETURN FORM TO:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____

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

Current Wages/Salary \$ _____ hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # regular hours per week _____ Year-to-date earnings \$ _____ from ____/____/____ through ____/____/____

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

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

Commissions, bonuses, tips, other \$ _____
 hourly weekly bi-weekly semi-monthly 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) _____

Additional remarks _____

Employer's Signature Employer's Printed Name Date

Employer (Company) Name and Address

Phone # Fax# Email

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.