

EMPLOYMENT VERIFICATION

TO: (Name and Address of Employer)

Date: _____

RE: _____
Applicant Name Social Security Number Address

I hereby authorize release of my employment information.

Signature of Applicant Date

The individual named above is an applying for 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. If you have any questions, please contact the Intake Unit at 574-3107.

Return Form To:

Intake Unit
Department of Housing & Family Services
Division of Housing & Community Development
745 West Main Street, Third Floor
Louisville, KY 40202

(Faxes are acceptable – 574-4199)

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

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

Current Wages/Salary: \$_____ (circle one) Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ through ___/___/___

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

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

Commissions, bonuses, tips, other: \$_____ (circle one) 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: _____

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 E-mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.