

Employment Verification

To: _____

Date _____

Re: _____
 Tenant /Applicant Name

_____ Social Security Number

_____ Unit #

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

The individual named directly above is an applicant 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.

Thank you
 Lisa Doud

Doud Realty Services, Inc.
 533 County St.
 Portsmouth, VA 23704
 Phone# 757-295-8007x1000
 Fax# 888-839-4118

THIS SECTION TO BE COMPLETED BY EMPLOYER

Return Form To:

Employee Name: _____ Job Title: _____

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

Current Wages/Salary: \$ _____ (check one)
 Hourly weekly bi-weekly semi-monthly monthly yearly other _____

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

From ___/___/___ through ___/___/___ Overtime Rate \$ _____ per hour Average # of hours per week _____

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

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay in the last twelve months: _____
 Effective Date: _____

Additional remarks: _____

 Employers Signature Employers Printed Name Date

 Employer [Company] Name and Address

 Phone # Fax# E-mail

