



The Longmont
Housing Authority

Longmont Housing Authority | Housing Choice Voucher Program

VERIFICATION OF EMPLOYMENT FORM

Employer: _____

Address: _____

Fax #: _____

RE: _____ Social Security Number: _____
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent _____ Title _____ Date _____

Owner/Agent's Address _____ Owner/Agent's Fax Number _____

Consent to Release Information: My signature below authorizes verification of my employment information.	
_____ Applicant/Resident Signature	_____ Date

Employer: Please fill out the information below as completely as possible.

Initial Date of Hire: _____ Date of Termination: _____ Position: _____

Pay Frequency: _____

Base Pay Rate: \$ _____

If hourly, hours worked per week: _____

Year-to-Date Earnings: \$ _____ YTD Period: ____/____/____ thru ____/____/____

Overtime Hrs per week: _____ Overtime pay rate: \$ _____

Average No. of Shift Differential Hours per week: _____ Shift Differential Rate per Hour: \$ _____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$ _____ per (check one) Year Month Week Hour

Are bonus/commissions Guaranteed? Yes No, Explain: _____

Date of Next Pay Increase (if known): _____ Amount of Next Pay Increase (if known): \$ _____

If employment is seasonal/periodic, please specify layoff periods: _____

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. as to any matter within its jurisdiction.

Signature of Employer Representative _____ Title _____ Date _____

Telephone #: _____

