



Longmont Housing Authority

350 Kimbark Street

Longmont, CO 80501

P: 303.651.8581 | F: 888.502.1536

www.longmonthousing.org | info@longmontha.com

VERIFICATION OF EMPLOYMENT

Employer: _____

Address: _____

City/State/Zip: _____

Fax No.: _____ Phone No: _____

Email: _____

RE: _____

Applicant/Tenant's Name

Social Security No.

Consent to Release Information: My signature below authorizes verification of my employment information.

Applicant/Tenant's Name

Date

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

I certify 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/Email

Employer: Please fill out the information on the next page as completely as possible.





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Initial Hire Date: _____ 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 Pay Rate: \$ _____

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

Are Bonus/Commission 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: TITLE 18, SECTION 1001 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 ANY MATTER WITHIN ITS JURISDICTION.

Signature of Employer Representative

Title

Date

Telephone No.

Email

