

# Affordable Housing Resource

## Request for Verification of Employment

(Applicant: Fill out the top portion only and give to employer to fill out the lower portion)

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: ..... Phone: .....

Employer's Name: ..... Address: .....

**Release:** *I hereby authorize the release of the requested information*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYER

This information will be used only to determine whether the applicant is eligible for Housing. Your prompt return of the requested information will be appreciated. Fax to: 303-496-6777 or mail to *Lora LeFhae, P.O. Box 270388, Louisville, CO 80027*. If you have any questions, please feel free to call 303.339.0722.

<p>Position Held: _____</p> <p>Employed From: _____ To: _____</p> <p>Employee is paid:      <input type="checkbox"/> Weekly      <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Bi-Monthly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Other</p> <p>Current rate of gross pay per pay period:      \$ _____</p> <p>Average hours worked per week: _____</p> <p>Overtime rate per hour:      \$ _____</p> <p>Average hours of overtime per week: _____</p> <p>Commissions earned per week (estimate):      \$ _____</p> <p>Tips per week (estimate):      \$ _____</p>	<p>Is pay received for vacation?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p># of vacation days per year: _____</p> <p>Is pay likely to increase in the next 12 months?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date of next pay increase: _____</p> <p>Date of last pay increase: _____</p> <p>Probability of continued employment  <input type="checkbox"/> High      <input type="checkbox"/> Low      <input type="checkbox"/> Don't Know</p>
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Authorized Signature of Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_