

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 in determining eligibility for an Affordable Housing purchase. Your prompt return of this form is appreciated. Mail to: Affordable Housing Resource, PO Box 270388, Louisville, CO 80027 or fax: 303-496-6777. If you have questions, feel free to call 303.339.0722.

Position Held: _____

Employed From: _____ To: _____

Employee is paid: Weekly Bi-Weekly
 Bi-Monthly Monthly Other

Current rate of gross pay per pay period: \$ _____

Average hours worked per week: _____

Overtime rate per hour: \$ _____

Average hours of overtime per week: _____

Commissions earned per week (estimate): \$ _____

Tips per week (estimate): \$ _____

Is pay received for vacation?
 Yes No

of vacation days per year: _____

Is pay likely to increase in the next 12 months?
 Yes No

Date of next pay increase: _____

Date of last pay increase: _____

Probability of continued employment
 High Low Don't Know

Authorized Signature of Employer: _____

Name: _____ Date: _____

Title: _____ Phone: _____