



EMPLOYMENT VERIFICATION

TO BE COMPLETED BY EMPLOYEE:

Company Name: _____ Date: _____
Company Address: _____ Employee Name: _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require the Housing Authority to verify employment of household/family members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you furnish information to Metro West Housing Solutions regarding my employment. I understand that this information will be kept confidential and will be used for eligibility purposes.

Employee Signature

Social Security Number

TO BE COMPLETED BY EMPLOYER:

Date of Hire: _____ Hourly Wage: _____ Hours Worked Per Week: _____

Date Current Pay Rate Became Effective: _____ Date of Termination: _____

Overtime Hours Per Week (Avg): _____ Overtime Wages: _____

Bonus \$: _____ Commission \$ Per Week (Avg): _____ Tip \$ Per Week (Avg): _____

Pay Periods:

Weekly Bi-Weekly Monthly Bi-Monthly

Signature/Title: _____

Phone: _____ Date: _____

This form should be completed and signed by a bona fide representative of the employer, such as the timekeeper, bookkeeper, or accountant. In no event should it be completed by the employee. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

