

AHTC FORM 400
Employment Verification

TO: (Name & address of Employer)

Date: _____

RE:

Applicant/Tenant Name

Social Security Number

Unit Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent Signature

MAIL OR FAX THIS FORM TO:

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes: _____ Date Employed: _____ No: _____ Last Day of Employment _____

Current Wage/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From: ____/____/____ Thru ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any change in the employee's rate of pay within the last 12 months: _____ Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months _____ Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer Name (Company) and Address

Employer's Phone #

Fax #

E-mail Address

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.