

**SAMPLE  
EMPLOYMENT VERIFICATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has applied for residency (or is a resident) at \_\_\_\_\_.  
\_\_\_\_\_. As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated Gross Annual Income. The applicant/resident hereby authorizes the release of information regarding his/her employment and income.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident	Printed Name of Manager
Signature of Applicant/Resident      Date	Signature of Manager                      Date
Social Security Number	Manager's Phone Number

**THE FOLLOWING TO BE COMPLETED BY EMPLOYER:**

**Anticipated Gross Income for the Next 12 Months**

Employed Since: \_\_\_\_\_

No. Hours per Week	_____	Weeks worked per year	_____
Hourly Wage	\$ _____		
Overtime:	\$ _____	Average per year	
Tips:	\$ _____	Average per year	
Commissions:	\$ _____	Average per year	
Bonuses:	\$ _____	Average per year	

Anticipated Increase in Pay:      Date: \_\_\_\_\_      Amount: \$ \_\_\_\_\_

Total anticipated gross annual income for the next 12 months (including tips, commissions, bonuses, or overtime, if applicable.)      \$ \_\_\_\_\_.

Does the employee have access to a Retirement Account?       Yes       No

Printed Name of Person Providing Info	
Signature	Title
Date	Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.
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