EMPLOYMENT VERIFICATION

	THIS SECTION TO BE C	OMPLETED BY MANA	GEMENT AND EXECUT	ED BY RESIDENT
			s/resident's employer by on-	-site personnel.
	The resident canno	ot "hand-carry" this form to	<u> </u>	uest
TO:	(Name 9 address of Employer)			uest
10.	(Name & address of Employer)		□ Ziid Keq	uest
			_ Fax #:	
			Attn:	
			_	
RE:				
IXE.	Applicant/Resident Name		Social Security Number	Unit # (if assigned)
I hereb	y authorize release of my employment	information.		
			<u> </u>	
	Signature of Applicant/Re			Date
The inc	lividual named directly above is an ap d will remain confidential to satisfaction	plicant/tenant of a housing n of that stated purpose or	g program that requires ver nlv. Your prompt response is	ification of income. The information crucial and greatly appreciated.
			, , . ,,	3, ., ,
	Project Owner/Managemen	nt Agent		
		Return Form To) :	
	THIS	SECTION TO BE COM	PLETED BY EMPLOYER	?
	Please use GROSS amounts and do r			
Employ	ee Name:		ob Title:	
	tly Employed: Yes No			
	: Wages/Salary: \$ (cir			
			,	.,e, yearry earer
Numbe	r of regular hours per week:			
Overtin	ne Rate: \$ per hour	Number of ov	vertime hours per week:	
Shift Di	fferential Rate: \$ per hour	Number of sh	nift differential hours per wee	ek:
Commi	ssions, bonuses, tips, other: \$	(circle one) hour	ly weekly bi-weekly	semi-monthly monthly yearly
Does th	ne employee participate in a 401(K) Re	etirement Account?	S □NO Can employee ac	ccess the account? □YES □NO
What is	the total amount in the 401(K) that is a	accessible to the employe	e without terminating or reti	ring? \$
List any	anticipated change in the employee's	rate of pay within the next	t 12 months:	; Effective date:
If the e	mployee's work is seasonal or sporadio	c, please indicate the layor	ff period(s):	
Additio	nal remarks:			
	Employer's Signature	Employer's Pri	inted Name	Date
	.			
		Employer [Company]	Name and Address	
	Phone #	Fax		E-mail

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.