TENNESSEE HOUSING DEVELOPMENT AGENCY EMPLOYMENT VERIFICATION

	THIS SECTION TO BE CO	MPLETED BY N	/IANAGEI	MENT AND	EXECUTED I	BY APPLIC	CANT.	
TO:	(Name & address of employer)	D			Date:			
	Property Name		Project	Identificatio	n	Property F	ax Number	
RE:								
	Applicant Name		Social Se	curity Numb	oer	Unit No. (if assigned)	
I hereby	authorize release of my employment	information.						
Signature of Applicant						Date		
	dual named directly above is an applic vill remain confidential to satisfaction o	f that stated purp	ose only.			cial and grea		
Signature of Manager/Management Company						Date		
	THIS SE	CTION TO BE	COMPLE	TED BY E	MPLOYER			
Employe	ee Name:		Job	Title:				
Presentl	y Employed: Yes Date Fir	st Employed		No	Last Day of	Employment	i	
Current	Wages/Salary:\$ (0	Circle) Hourly	Weekly	Biweekly	Semimonthly	Monthly	Annually	Other
Average	No. of regular hours per week:							
Overtim	e Rate: \$	per hour.	Average i	number of o	vertime hours pe	er week:		
Shift Dif	ferential Rate: \$	per hour. Av	erage num	nber of shift	differential hour	s per week:		
Commis	sions, Tips, Bonuses: \$ (0	Circle) Hourly	Weekly	Biweekly	Semimonthly	Monthly	Annually	Other
List any	anticipated change in the employee's i	rate of pay within	the next 1	2 months:				
				E	ffective date of o	change:		
If the er	mployee's work is seasonal or sporadic	, please indicate t	he layoff p	eriod(s):				
Addition	nal remarks:							
	Employer's Signature Employer's Printed Name					Date		
		Employer (Compa	any) Name	and Addres	S			
	Telephone Number Fax Number					 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.