

Tennessee Housing Development Agency Employment Verification

This section to be completed by management and executed by applicant.

TO: (Name & address of employer)

Date: _____

Property Name: _____

Project Identification: _____

Property Fax Number: _____

RE:

Applicant Name: _____

Social Security Number: _____

Unit No. (if assigned): _____

I hereby authorize release of my employment information.

Signature of Applicant: _____ 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.

Signature of Manager/Management Company: _____ Date: _____

This section to be completed by employer.

Employee Name: _____ Job Title: _____

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

Current Wages/Salary: \$ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly
Annually Other

Average No. of regular hours per week: _____

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

Shift Differential Rate: \$ ____ per hour. Average number of shift differential hours per week: ____

Commissions, Tips, Bonuses: \$ _____ (Circle) Hourly Weekly Biweekly Semimonthly
Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months:

Effective date of change: _____

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 (Company) Name and Address:

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.