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## **EMPLOYMENT VERIFICATION**

TO:		DATE:	APT. #:
		DEVELOPMENT NAME:	
		APPLICANT/RESIDENT:	
	TEL.#:		
FROM:			
		FAX #:	
	TEL.#:		

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature	Social Security Number(s)		
TO BE COMPLETED BY THE EMPLOYER: All question verification is not filled out completely, we will be call		formation or n/a. If	
1. Job Title:	2. Gross Wage: <u>\$</u>	/hour	
3. Gross Salary: <u>\$/year</u> /year	4. Average Hrs./Week:		
5. No. of Weeks/Yr.:	6. Avg. Overtime Hrs./Week:		
7. Forecast Overtime (next 12 mos.):	8. Overtime Wage/Hour: <u>\$</u>		
9. Date of Hire:	10. Has Employment been Continuous?		
11. Date of Last Wage Increase:	12. Amount of Last Wage/Hour Increase: <u>\$</u>		
13. When is Next Wage Increase Expected?	14. Next Expected Wage Increase/Hour: <u>\$</u>		
15. Paid Vacation Days/Yr:	16. Does employee participate in a 401K/retirement account? □ YES □ NO		
17. Any Additional Compensation (i.e., tips, commissions If YES, please complete compensation type and a			
Compensation Type:	_ Amount: <u>\$ per</u>		
COMMENTS:			
Signature of Person Verifying Information	Telephone N	Telephone Number	
Title	Date		
OFFICE USE ONLY:			
We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color,	©2008	Heartland Properties, Inc.	

religion, sex, national origin, handicap or familial status.

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