

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTIVE BY TENANT

To: (Name & address of employer) Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information./ Por la presente autorizo la entrega de mi información de empleo.

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will confidential to satisfaction of that stated purpose only. Your prompt is crucial and greatly appreciated.

Daniela Ibarra
Project Owner/Management Agent

Return Form To:

Vallejo Properties, LLC
Phone: 979.543.4981
Fax: 979.543.1918

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed? _____ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: __ Year-to-date earnings \$ _____ from: __/__/__ through __/__/__

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

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-weekly monthly yearly other _____

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

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employers Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Phone #

Fax #

E-mail