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## EMPLOYMENT VERIFICATION

TO: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

TEL.#: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_

TEL.#: \_\_\_\_\_

FAX #: \_\_\_\_\_

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)

### THIS SECTION TO BE COMPLETED EMPLOYER

**All questions have to be answered with correct information or n/a. If verification is not filled out completely, we will be calling you to telephone verify.**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  YES *Date First Employed* \_\_\_\_\_  NO *Last Day of Employment* \_\_\_\_\_

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

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \_\_\_\_\_ 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: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly  
monthly yearly other \_\_\_\_\_

Date of Last Wage Increase: \_\_\_\_\_ Amount of Last Wage/Hour Increase: \$ \_\_\_\_\_

When is Next Wage Increase Expected? \_\_\_\_\_ Next Expected Wage Increase/Hour: \$ \_\_\_\_\_

Does employee participate in a 401K/retirement account?  YES  NO

Can employee access account while employed?  YES  NO

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

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

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

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