



# Verification of Income and Employment

\*To be completed and returned by your employer

**To be completed by EMPLOYEE:**

I hereby grant permission to disclose my income to \_\_\_\_\_ in order that they may determine eligibility for possible downpayment, closing cost or rehabilitation grant assistance.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by EMPLOYER:**

The above-signed employee has applied for possible downpayment, closing cost or rehabilitation grant assistance through \_\_\_\_\_.

Please indicate the employee's starting date of employment: \_\_\_\_\_.

Please indicate below the employee's current income (including wages, tips, incentive pay, overtime, bonuses, commissions and/or compensation received on a regular basis).

hourly     weekly     bi-weekly     semi-monthly     monthly     annual

Current gross base pay \_\_\_\_\_ Hours per week \_\_\_\_\_ Weeks per year \_\_\_\_\_

Type	As of _____ Year to Date	Past Year _____	Past Year _____
Base Pay			
Overtime			
Commissions			
Bonus			
Total			

If overtime or bonus is applicable, is its continuance likely?

Overtime  yes  no  
Bonus  yes  no

This job is  year-round or  seasonal. If seasonal, please specify period of time contracted for work:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and complete to the best of my knowledge at this time.

Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please send to:
Company: _____
Address: _____
Phone: _____ Fax: _____