

**EMPLOYMENT VERIFICATION**

This section to be completed by Management and Executed by Applicant/Resident

The property Owner/Agent must mail, fax or e-mail this form directly to the applicant/tenant's employer.

**Name & Mailing Address of Employer**

To: Employer  
123 Work Way  
Sunny, OR 1111

Fax #: 503-450-0246

E-Mail: —

**Name & Mailing Address of Property**

From: SERC  
PO BOX 2968

Fax #: 503-450-0241

E-Mail: —

**Applicant/Tenant Permission for the Release of Information**

Sarah Smith 101 XXX-XX-  
Printed Name of Applicant/Tenant Unit # (if assigned) Last Four Digits of SS#

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by Low-Income Housing Tax Credit (LIHTC) program.

Sarah Smith 5/26/13 **NOTE TO TENANT/APPLICANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**  
Signature of Applicant/Tenant Date

This section to be completed by Employer

The above-named applicant/tenant has applied for, or currently resides in, rental housing in a community that operates under a state and/or federal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the program eligibility status of the applicant/tenant. Please provide the information requested below:

**Please insert "N/A" on the space(s) provided below for all items that do not apply to the above-named applicant/tenant.**

Employee Name: Sarah Smith Job Title: Receptionist

Presently Employed:  Yes - Hire Date: 12/26/12  No - Last Date of Employment: \_\_\_\_\_

Current GROSS Wages: \$ 13.26 per  Hour  Week  Bi-weekly  Semi-monthly  Month  Year  Other

Average # of Regular Hours/Week: 40 Gross Year-To-Date Earnings: \$ 12,487.19 from 1/1/13 to 5/28/13

Average # of Overtime Hours/Week: 1-2 Overtime Rate: \$ 19.89 /hour Included in YTD above?  Yes  No

Avg. # of Shift Differential Hours/Week: 0 Shift Differential Rate: \$ — /hour Included in YTD above?  Yes  No

Commissions, bonuses, tips, other: \$ 150.00 per  Hour  Week  Bi-weekly  Semi-monthly  Month  Year  Other Quarter

Are commissions, bonuses, tips, or other income included in Gross YTD earnings listed above?  Yes  No

List any anticipated changes in the employee's wages within the next 12 months: N/A Effective date: — / — / —

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): N/A -

Does the employee participate in a 401K / Retirement account?  Yes  No Employee can access the account?  Yes  No

If the account can be accessed, how much can the employee withdraw without retiring or losing employment? \$ N/A

I hereby certify, by my signature below, that the information I have supplied is true and correct:

Mary Jones 5/28/13 503.450.1234  
Signature of Verifier Date Phone Number

Mary Jones HR 503.450.0246  
Printed Name of Verifier Title of Verifier Fax Number

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