

Verification of Employment Status

Program Verification Requirement:

- Home Forward is required to verify the employment status for all applicants and current participants in the federal housing programs we administer. We ask your cooperation in supplying the information requested.

Instructions:

- The human resources or personnel staff, supervisor, or accounting staff should complete this form.
- **Under no circumstances should the employee fill out this form.**
- Only complete section below that applies to employee's current status.
- If necessary, an *Authorization for the Release of Information* is attached.
- **Please print legibly. You may fax the completed form to (503) 802-8589 Attn: _____**

Employee's Full Name: _____ **Date Employment Began:** _____

Full Address: _____ **Employee's Job Title:** _____

1. Complete if Employee is Currently Working Regularly Scheduled Hours

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Do you anticipate an increase in the Base Pay within the next 12 months? Yes No New Rate: _____ Effective: _____

Do you anticipate the employee will work any overtime in the next 12 months? Yes No Rate: _____ Hours: _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

What were employee's gross earnings for the past 12 months? Amount: _____

2. Complete if Employee is Currently Working Irregular Hours or On-Call

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Total gross earnings Year-to-Date: \$ _____ As of pay period ending: _____

Total gross earnings for last 12 months: \$ _____ Anticipated earnings for the next 12 months: \$ _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

3. Complete if Employee is No Longer Employed

Date of termination: _____ Last day employee actually worked: _____

Is the employee on Maternity, Parental, Medical, or other leave? Yes No If yes, anticipated return to work date: _____

If yes, is employee on short/long-term disability with compensation? Yes No Amount: _____ Per: _____

Does the employee have a current or pending worker's compensation claim? Yes No

Do you anticipate re-hiring this employee? Yes No If yes, when: _____

What were employee's gross earnings for the past 12 months? Amount: _____

Name of Employer: _____

Address: _____

Name of Person Completing Form: _____ **Title:** _____

Signature: _____

Date: _____ **Telephone:** _____

Home Forward Use Only

Employment Status Verification Completed: Date _____ Staff Signature: _____

Verification provided by: _____ Changes, if any: _____