

Employment Verification Form

APPLICANT: Complete Section 1 (Tenant Information)

EMPLOYER: Complete Section 2 & 3 (Employment Information)

1. TENANT INFORMATION:

Full Legal Name (as printed on Social Security Card) _____

Home Address _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____

2. EMPLOYMENT INFORMATION: (To be completed by employer)

Please answer the following questions:

1. What position does this employee hold? _____

2. When did employment start? _____

3. Full Time/Part Time? _____

4. What is their wages: _____

5. Paid how often: _____

6. How many hours per week: _____

7. Likelihood of employment continuing: _____

3. CERTIFICATION: (To be completed by employer)

I, _____, certify that the information I have given on this form is true and correct to the best of my knowledge. I understand I can and will be penalized by law if I commit perjury by purposely giving false information on this form.

Printed Name

Job Title

Employer Phone Number

Signature of Employer

Date