

# 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