

# EMPLOYMENT VERIFICATION

## TO BE COMPLETED IF YOU RECEIVE WAGES FROM AN EMPLOYER

### THIS SECTION TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date signed

### THIS SECTION TO BE COMPLETED BY EMPLOYER **\*ONLY\***

The recipient named above has applied for an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all income and asset sources of this person and also at annual recertifications. To determine whether this individual is within the guidelines of our program, we ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining the eligibility status of this individual. Your prompt return of this information by fax or email will be greatly appreciated.

**Return Form To:**

Fax: 207-761-0770  
Email: [mary@portpropmgt.com](mailto:mary@portpropmgt.com)  
Address: 82 Hanover Street, Suite #5, Portland, ME 04101

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed \_\_\_\_\_ No  Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_/\_\_/\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

**By signing below, I hereby certify that the information on this verification is thorough and complete. I have complete knowledge of said employee's position and pay associated with said position. I understand that under 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. All information recorded on this page is final.**

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Title

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail