

TELEPHONE EMPLOYMENT VERIFICATION

TO BE COMPLETED BY OWNER / MANAGER

Applicant/Tenant Name: _____ Date: _____

Property Name: _____ Unit #: _____

Applicant has applied for residency/is a resident at: _____

This form documents employer's verification of applicant/tenant employment and gross annual income.

ANTICIPATED GROSS INCOME FOR THE NEXT TWELVE MONTHS

Employee's Name: _____ Job Title _____

1. Employee works _____ hours per week at an hourly rate of \$ _____

2. Employee is paid: Weekly Bi-Weekly (26 times/year)

 Monthly Semi-Monthly (24 time/year)

3. Average Overtime per week: \$ _____

4. Average Tips, Commission, Bonuses per week: \$ _____

5. Total anticipated gross annual income for the next twelve months \$ _____

*Including wages tips, bonuses, commission or overtime.

Company Name: _____ Company Address: _____

Employer's Name: _____ Employer's Phone #: _____

Owner / Authorized Agent Signature _____ Date _____ Time _____

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

WARNING: SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAIN FEDERAL FUNDS.