

BOULDER HOUSING COALITION
Verification of Employment

Employee Name: _____ Occupation: _____

Employer Name & Address: _____

Employer Phone: (____) _____ Email: _____

Dates of Employment: From: _____ To: _____

Current Salary: \$ _____ Last Increase: _____

Base pay Rate: \$ _____/Hour; \$ _____/Week; or \$ _____/Month

Average hours/week at base pay rate: _____ hours

No. weeks _____ or, No. weeks _____ worked/Year. Overtime pay rate: \$_____/hour

Expected average hours of overtime worked per week during next 12 months _____.

Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For _____ \$ _____ per _____

Is pay received for vacation? ___yes ___no. If yes, number of days per year: _____

AUTHORIZATION

Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME program that we operate and to reexamine this income annually. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE

I hereby authorize the release of the above requested information.

Signature of Employee/Applicant

Date

Signature of Employer Representative

Date

Printed Name of Employer Representative

Title of Employer Representative

Phone # of Employer Representative

When completed, please return this form via email to: staff@boulderhousingcoalition.org or via fax to: (303) 558-4123.

WARNING: Title 18 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.