# TENNESSEE HOUSING DEVELOPMENT AGENCY
# EMPLOYMENT VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT.**

TO: (Name & address of employer) Date: _____

_____

_____

_____

RE: _____ _____ _____
Applicant Name Social Security Number Unit No. (if assigned)

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____ _____
Signature of Manager/Management Company Date

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: $ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

Average No. of regular hours per week: _____ Year to date earnings: N/A _____ through _____

Overtime Rate: $ _____ per hour. Average number of overtime hours per week: _____

Shift Differential Rate: $ _____ per hour. Average number of shift differential hours per week: _____

Commissions, Tips, Bonuses: $ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months: _____

_____ Effective date of change: _____

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

Additional remarks: _____

_____ _____ _____
Employer's Signature Employer's Printed Name Date

_____
Employer (Company) Name and Address

_____ _____ _____
Telephone Number Fax Number E-mail Address

**NOTE:** 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.