

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Phone: Phone: Phone: Phone:	To: Name: Address:		From: Name: Address:		
Name:	Phone:	=ax:	Phone:	Fax:	
Signature Date The person listed above has indicated that he/she is employed with your organization. The information provided will remain confidential ar will be used solely for the purpose of determining eligibility for occupancy. THIS SECTION TO BE COMPLETED BY EMPLOYER Employee Name: Job Title: Presently Employed: Yes Date First Employed: No Last Day of Employement: Current Wages/Salary: \$ hourly weekly bi-weekly semi-monthly monthly yearly other Average # of regular hours per week: Per hour Average # of overtime hours per week: Shift Differential Rate: \$ per hour Average # of shift differential hours per week: Commissions, bonuses, tips, other: \$ per hour Average # of shift differential hours per week: Effective date: If 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: Employer's Signature: Employer [Company] Name: Address:					
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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: \$ hourly weekly bi-weekly semi-monthly monthly yearly other Average # of regular hours per week: Per hour Average # of overtime hours per week: Shift Differential Rate: \$ per hour Average # of shift differential hours per week: Commissions, bonuses, tips, other: \$ 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: Perhod Name:	Signature		Date		
Employee Name:				provided will remain confidential and	
Presently Employed: Yes Date First Employed: No Last Day of Employment:	THIS	SECTION TO BE CO	MPLETED BY EMPLOYER		
Current Wages/Salary: \$ hourly weekly bi-weekly semi-monthly monthly yearly other	Employee Name:		Job Title:		
Average # of regular hours per week:	Presently Employed: Yes Date First Employed:		No Last Day of Employment:		
Overtime Rate: \$	Current Wages/Salary: \$	hourly weekly	bi-weekly Semi-monthly mo	nthly uearly uther	
Shift Differential Rate: \$	Average # of regular hours per week:		Year-to-date earnings: \$	through/	
Commissions, bonuses, tips, other: \$ 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: Employer's Signature: Employer [Company] Name: Address:	Overtime Rate: \$	per hour	Average # of overtime hours per v	veek:	
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Effective date:	Commissions, bonuses, tips, other: \$	hourly weekly] bi-weekly ☐ semi-monthly ☐ mo	nthly yearly other	
Additional remarks: Employer's Signature: Employer [Company] Name: Address:			next 12 months:		
Employer's Signature:Employer's Printed Name:Date: Employer [Company] Name:Address:	If the employee's work is seasonal or spo	radic, please indicate the la	yoff period(s):		
Employer [Company] Name:Address:	Additional remarks:				
	Employer's Signature:	Emplo	Employer's Printed Name:		
	Employer [Company] Name:	Addre	ss:		
Phone #: Fax # E-mail:	Phone #:	Fax #	E-mail:		

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