## **EMPLOYMENT VERIFICATION**

Low Income Housing Tax Credit Program
North Dakota Housing Finance Agency

RVCDC 3233 South University Drive Fargo, ND 58104

| THIS SECTION TO BE COMPLET   | TED BY MA   | NAGEMENT AND EXI   | ECUTED BY TENANT                                       |  |
|--|---|--|--|--|
| TO: (Name & address of employer)   |   | Date:  |  |  |
| RE: Applicant/Tenant Name  | Social Se   | curity Number  | Unit # (if assigned)                                   |  |
| I hereby authorize release of my employment info   | rmation.  |  |  |  |
| Signature of Applicant/Tenant  | Date  |  |  |  |
|  | RVCDC<br>Region V Commun                                    |  |  |  |
| Project Owner/Management Agent  Return For   |   | 3233 S University Dr<br>Fargo, ND 58104  | Phone 1-800-726-7960                                   |  |
| THIS SECTIO  | N TO BE CO  | OMPLETED BY EMPL   | OYER   |  |
| Employee Name:   |   | JobTitle:  |  |  |
| Presently Employed: Yes Date First Employed: Yes Other: Specification one Average # of regular hours per week: Yes Overtime Rate: \$ per hour Shift Differential Rate: \$ per hour Commissions, bonuses, tips, other: \$ (circle of the commissions) | ) hourly wee<br>Tear —to-date<br>Average # o<br>Average # o | ekly bi-weekly semi-me<br>e earnings: \$<br>of overtime hours per we<br>f shift differential hours | onthly monthly yearly other through// eek: g per week: |  |
| List any anticipated change in the employee's If the employee's work is seasonal or sporad Additional remarks:   |   |  |  |  |
| Employer's Signature   | Employer's  | Printed Name   | Date   |  |
| Employ   | er (company)  | Name and Address   |  |  |
| 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.

