



3233 SOUTH UNIVERSITY DRIVE
FARGO, ND 58104-6221

EMPLOYMENT VERIFICATION

(03/19)

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

To: Name of Employer		Date	
Address		City	State ZIP Code
Re: Applicant/Tenant Name	Social Security Number	Unit Number if assigned	

I hereby authorize release of my employment information.

Signature of Applicant/Tenant	Date
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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.

Project Owner/Management Agent
Return Form To

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name	Job Title
<input type="checkbox"/> Presently Employed Date First Employed	<input type="checkbox"/> Not Presently Employed Last Day of Employment
Current Wages/Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
Average Number of regular hours per week	Year-to-date earnings 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, bonuses, tips other <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 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 Signature		Employer's Printed Name		Date
Employer Company Name	Telephone Number	Fax Number	Email Address	
Address		City	State	ZIP Code

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.