

COMPREHENSIVE HOUSING DIVISION
PO BOX 68
ONEIDA, WISCONSIN 54155
Phone: (920) 869-2227
Fax: (920) 869-2836



EMPLOYMENT VERIFICATION FORM

Employer/Company Name: _____ DATE: _____

Employer/Company Address: _____ RE: _____

_____ SS# _____

Dear Sir/Madam;

Comprehensive Housing Division is required to verify income of all household members applying for or living in federally assisted housing. Please supply the information requested below and return this completed form to us as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing in our program.

Attached for your records is an AUTHORIZATION FOR RELEASE OF INFORMATION signed by the above referenced individual.

THIS SECTION TO BE COMPLETED BY EMPLOYER

Is the employee listed above currently employed by your company: Yes No

Position Title: _____

EMPLOYED:

Start Date of Employment: _____ Date of first paycheck: _____

Rate of Pay per hour: \$ _____ Best estimate of hours worked per week: _____

Cash and/or Tips Per week: \$ _____ Bonus/Commissions Per Week: \$ _____

Overtime Pay Rate Per Hours: \$ _____ Average OT Hours: _____

Frequency of Pay: Weekly Bi-Weekly Semi-Monthly Monthly Irregular

CURRENTLY NOT EMPLOYED:

Employment End Date: _____ Date of Final Paycheck: _____

Final Monthly Gross Pay: _____ Reason Not Employed: _____

Layoff Date: _____ Return from Layoff Date: _____

SIGNATURE-EMPLOYER/DESIGNEE: _____

PRINT NAME: _____ TITLE: _____

PHONE NUMBER: _____ FAX NUMBER: _____ DATE: _____