



VERIFICATION OF EMPLOYMENT FORM

TO BE COMPLETED BY EMPLOYER (APPLICANT: SUBMIT WITH APPLICATION ONE FORM FOR EACH EMPLOYED ADULT SIGNED AND DATED ONLY. DO NOT SUBMIT TO YOUR EMPLOYER!)

Employee Name: _____ Date of hire: _____

Occupation: _____ Annual Salary: _____ Date of last increase: _____

Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month Overtime pay rate: \$_____/Hour

Average hours/week at base pay rate: _____ Hours No. weeks _____, or No. weeks _____ worked/Year

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$_____ per _____

Is pay received for vacation? Yes____ No____

If Yes, no. of days per year _____

Total base pay earnings for past 12 mos. \$_____

Total overtime earnings for past 12 mos. \$_____

Probability and expected date of any pay increase: _____ Does

the employee have access to a

retirement account? Yes____ No____

If Yes, what amount can they get access to: \$_____

Signature of Authorized Representative: _____

Title: _____

Date: _____

TELEPHONE: _____

Please return the form to:
Housing Network of Rhode Island, 1070 Main Street, Pawtucket, RI 02860
or email ygarcia@housingnetworkkri.org

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

SIGNATURE OF APPLICANT _____

Date: _____

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT