



EMPLOYMENT VERIFICATION FORM

Employer: _____ Applicant: _____

Address: _____ SS#: XXX-XX- _____

EMPLOYER

The above person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

APPLICANT

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. If applicable: **(Please see Attached Consent Form)**

Applicant Signature _____ Date _____

AREA TO BE COMPLETED BY EMPLOYER

(Please answer all questions. Answer N/A if the question does not apply.)

1. Date First Employed: _____ 2. Termination Date (if applicable): _____
3. Base pay rate (Gross Pay) (select one): Per hour \$ _____ OR Annual Salary \$ _____
Overtime pay rate: Per hour \$ _____
Pay Cycle: Weekly _____ Bi-Weekly _____ Semi Monthly _____ Monthly _____
Expected **average** hours worked per week: _____
4. Other compensation not included above (specify for commissions, bonuses, tips, etc.):
For _____ \$ _____ per _____
5. Total anticipated base pays earnings for the next 12 calendar months \$ _____
Total anticipated overtime earnings for the next 12 calendar months \$ _____

Name and Title of Person Completing Form / DATE () - _____
Phone Number

JOHN BELL EDWARDS
GOVERNOR



KEITH CUNNINGHAM
EXECUTIVE DIRECTOR



Louisiana Housing
Corporation

Participant Consent Form

(Complete only if applicable)

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. If applicable: **(Please see Attached Consent Form)**

Applicant Signature _____ Date _____

Witness Signature _____ Date _____