

# Request for Verification of Employment – Nonstandard Income

This information is being requested to determine the applicant's eligibility to receive a housing program grant.

**Part I – Request** \*\*Sections 1-6 to be completed by sponsor/member only\*\*

<b>1. To (Name and address of employer)</b>	<b>2. From:</b>
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant.

<b>3. Signature of AHP Sponsor/HSP Member</b>	<b>4. Title</b>	<b>5. Date</b>	<b>6. Sponsor/Member Phone number</b>
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I have stated that I am currently employed by you. My signature below authorizes verification of this information.

<b>7. Name and address of Applicant</b>	<b>8. Signature of Applicant</b>
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**Part II – Verification of Present Employment** \*\*Sections 9-27 to be completed by Employer only\*\*

<b>9. Applicant's Date of Employment</b>	<b>10. Present Position</b>	<b>11. Probability of Continued Employment</b>
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- 12. Number of days available to work per year - \_\_\_\_\_ (Days worked per year should include weekends as well as paid holidays, sick days and vacation days, and should be based on the CALENDAR YEAR.)**
- 13. Number of days worked Year-to-Date - \_\_\_\_\_ (Days worked Year-to-Date should include weekends as well as paid holidays, sick days and vacation days, and should be based on the CALENDAR YEAR.)**
- 14. YTD total income - \$ \_\_\_\_\_ (Total gross amount of all income earned)**
- 15. YTD other income - \$ \_\_\_\_\_ (Total gross amount of any income received, other than income earned at the base pay rate, such as overtime, bonus, training, coaching, etc.)**
- 16. Hourly base pay rate - \$ \_\_\_\_\_**
- 17. Average hours worked per week (Do not include overtime hours) - \_\_\_\_\_**
- 18. Does the employee have a contract for this position?            Yes            No            If yes, attach the contract.**
- 19. Are all amounts listed in the contract included in the YTD amounts provided in questions 13, 14, and 15 (above)?**
- Yes            No            If no, explain.
- 20. Remarks- If employee was on unpaid or reduced pay leave from work for any length of time, please indicate time period, whether the leave was unpaid or reduced pay and the reason. If the leave included reduced pay, provide details.**
- 21. Date of last pay increase - \_\_\_\_\_**
- 22. Amount of last pay increase - \_\_\_\_\_**
- 23. YTD information current as of - \_\_\_\_\_**

**Part III – Authorized Signature**

<b>24. Signature of Employer</b>	<b>25. Title (please print or type)</b>	<b>23. Date</b>
<b>26. Print or type name signed in Item 24</b>	<b>27. Phone No.</b>	

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