



## EMPLOYMENT & INCOME VERIFICATION

<input type="checkbox"/> Rental <input type="checkbox"/> Or <input type="checkbox"/> Ownership (check one or both)	If rental, what is the project/apartment complex name:	Unit #:	# Bedrooms:
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### APPLICANT / TENANT RELEASE STATEMENT

I hereby authorize the release of the following information in order to determine my eligibility for the APCHA program.	
Print Name:	Signature

### TO BE COMPLETED BY EMPLOYER

Please complete this form in full and return it to APCHA. Please do not put "unknown" or "varies" – we need specific information. If an item doesn't apply, put "N/A" – no blanks.	
Date of Hire:	Position:
Physical Address of Employment/Office:	

Base Pay rate: \$ _____ per (circle one) Hour / Week / 2 Weeks / Month / Year	Average hours per week:	Average bonuses/tips/commissions:
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Year-to-Date: a. Base pay: \$ _____ b. Overtime Pay: \$ _____ c. Tip/Commission/Other pay: \$ _____ d. The above earnings are <b>from</b> (date): _____ e. The above earnings are <b>through</b> (date): _____	
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Do you anticipate any changes in the number of hours the employee works? <b>YES</b> <b>NO</b> If yes, please explain:
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If employment is seasonal/periodic, please specify layoff periods: <input type="checkbox"/> N/A
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Employer Comments:
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**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Employer Signature	Date:
Name / Title:	Company Name:
Email Address:	Telephone / Fax Number: