

EMPLOYMENT & INCOME VERIFICATION			
Rental <input type="checkbox"/>	Or	Ownership <input type="checkbox"/>	If rental, what is the project/apartment complex name:
(check one or both)		Unit #:	# Bedrooms:
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:
Year-to-Date: a. Base pay: \$ _____ b. Overtime Pay: \$ _____ c. Tip/Commission/Other pay: \$ _____ d. The above earnings are from (date): _____ e. The above earnings are through (date): _____		
Do you anticipate any changes in the number of hours the employee works? YES NO If yes, please explain: _____		
If employment is seasonal/periodic, please specify layoff periods: <input type="checkbox"/> N/A		
Employer Comments:		

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: