

EMPLOYMENT & INCOME VERIFICATION

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

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 \$:	Year:	Month:	Week:	Other /NA:
Average hours per week:	Year-to-Date Earnings \$		Thru (DD/MM/YY):	
Overtime hours per week:	Overtime pay rate \$:			
Average No. of Shift Differential Hours per week (<i>evenings/ holiday</i>)	Shift Differential Rate per Hour \$:			

Does this employee receive? (include all that apply)	Amount	Frequency	Guaranteed?	Comments
Bonuses	\$			
Tips	\$			
Commissions	\$			

If employment is seasonal/periodic, please specify layoff periods:

Date of Next Pay Increase (if known):	Amount of Next Pay Increase (if known) \$:
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: