Bucks County Housing Group Inc.
2324 Second Street Pike, Suite 17, Wrightstown, PA 18940 • Phone 215-598-3566 • Fax 215-598-9812

Verification of Employment

THIS SECTION IS TO BE COMPLETED BY APPLICANT

RE: _____
Applicant/Tenant Name Current Address Town State Zip

Name of Employer: _____Employer Phone Number:_____

Address of Employer: _____
Street City State Zip Code

The individual named above is the applicant for housing at Bucks County Housing Group. Our regulations require that in order for the family to be eligible, we must verify the family's Income Information. The Individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self addressed envelope has been included for your convenience. If you have and questions please feel free to contact our office. Thank you for your cooperation.

I, _____ hereby authorize _____
Employee (please print) Employer (please print)
to release the information requested below regarding my employment and compensation.

_____
Employee's Signature Date

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay $_____ per _____ (hour, week, month, etc.)
4. Current Rate of Overtime Pay $_____ per _____ (hour, week, month, etc.)
5. Number of hours/weeks employee usually works _____
6. Anticipated average amount of overtime/week $_____
7. Anticipated tips, commissions, bonuses $_____
8. Gross annual earning you anticipate for this employee for the next twelve months $_____
   (Gross amount including tips, commissions, bonuses, and overtime.)
9. Do you anticipate any changes in the employee's rate in pay in the near future? Yes No
10. Do you anticipate any change in the number of hours the employee works? Yes No
11. Does this employee receive vacation with pay? Yes No
12. Does this employee receive sick leave pay? Yes No
13. Amount deducted for medical coverage? $_____/_____
14. Amount deducted for savings plan? $_____/_____
15. If the employee is seasonal or sporadic, indicate lay-off period _____
16. Does the employee have access to any portion of his/her pension or retirement plan account? Yes No
17. If yes, indicate the amount which may be withdrawn without retiring or terminating employment $_____
18. Additional comments _____

I certify that the above information is true and correct:

_____
Name of Company Official (please print) Signature of Company Official Date

_____
Title of Company Official Telephone Number

_____
Company Name Address City State Zip-Code

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Departments or Agency of the United State as to any matter within jurisdiction.

EQUAL HOUSING OPPORTUNITY