

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & Address Of Employer) _____ Date: _____

RE: _____
Applicant/Tenant Name Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant /Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Agent

Return Form To:

SMCF, LLC
Fax: 443-675-0254
Email: info@smcf.us

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed: _____ No ___ Last Day Of Employment: _____

Current Wages/Salary: \$ _____ (Check One)

Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other: _____

Average # Of Regular Hours Per Week: _____ Overtime Rate Per Hour: \$ _____

Average # Of Shift Differential Hours Per Week: _____

List any anticipated change in the employee's rate of pay within the next 12 months:

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional Remarks:

Employer's Signature Employer's Printed Name Date

Company Name & Address

Phone # Fax # E-mail