



## EMPLOYMENT VERIFICATION

**PLEASE FAX THIS COMPLETED FORM TO HOUSING CONNECT AT (801) 284-4406  
OR MAIL (IN COMPANY LETTERHEAD ENVELOPE) TO 3595 SOUTH MAIN STREET, SALT LAKE CITY, UT. 84115**

I hereby authorize the release of the following information in order to determine my eligibility for housing assistance.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Information (To Be Completed By Employee)	
Head of Household (If different than employee)	
Name of Employee	
Social Security Number	
Home Address	
Current Phone Number	

Employer Information (To Be Completed By Employee)	
Company Name or Corporate Name	
Company Address	
Company Phone Number	

Wage Information (To Be Completed By Employer Only)				
Hire Date		Last Day Worked		
Effective Date of Current Pay Rate				
Employee's Title or Position				
Average Number of Hours Per Week	Hourly Wage \$	Average Overtime Hours Per Week	Overtime Wage \$	Average Tips Per Week \$
Bonuses, Commissions or Incentives	\$	How Often?		
Is this temporary termination or furlough? Y / N    N/A	Leave of absence start date _____	Leave of absence end date _____	Payroll- (circle one) Weekly   Bi-weekly   Bi-Monthly   Monthly	

\_\_\_\_\_  
Signature of Employer or Employer Representative

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone Number and Extension \_\_\_\_\_

**WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

