



## City of Seattle Affordable Housing Incentive Program Employment Verification Form

### Section 1. To Be Completed by Management and Signed by Resident

This form must be mailed, faxed, or emailed to the resident's employer by on-site personnel. The resident cannot "hand carry" this form to their employer.

Employer Name: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Record Request**

First Attempt Date: \_\_\_\_\_ Second Attempt Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant or Resident Name

\_\_\_\_\_  
Last four digits of SS#

The individual named above is an applicant for or resident of a City of Seattle administered Affordable Housing unit 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.

Please return this form to: \_\_\_\_\_

\_\_\_\_\_  
Property Management Name

\_\_\_\_\_  
Property Management Signature

\_\_\_\_\_  
Date

When completing the following page, it is important to attend to the following in order to expedite your employee's application:

1. Please answer **all** fields. Do not leave blank spaces.
2. For fields you cannot answer, use the phrase "cannot disclose," "none," or "N/A."
3. Do not use the phrase "varies." Answer "Yes" or "No" or use a whole number even if it's an average or educated estimate.
4. Use only gross amounts; do not use net.
5. Year-to-date (YTD), Start, and End dates must align with pay periods.
6. Do not use white-out liquid or tape. Either cross out and initial or start anew.

## Section 2. To Be Completed by Employer

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed?  Yes  No

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

Current Gross Wages or Salary: \_\_\_\_\_ Select:  Weekly  Monthly  Yearly

Average # of regular hours worked per week: \_\_\_\_\_

Year-to-date gross earnings: \$ \_\_\_\_\_

From: \_\_\_\_\_ (mm-dd-yy) through \_\_\_\_\_ (mm-dd-yy)

# of pay periods included in YTD: \_\_\_\_\_

Overtime rate: \$ \_\_\_\_\_ (/hour). Average overtime hours worked per week: \_\_\_\_\_

Shift differential rate: \$ \_\_\_\_\_ (/hour). Average differential hours worked per week: \_\_\_\_\_

Commission, bonuses, tips, other: \$ \_\_\_\_\_ Included in YTD above?  Yes  No

Anticipated increase in employer's rate of pay within the next 12 months: \$ \_\_\_\_\_

Effective date of increase: \_\_\_\_\_

Does the employee participate in a 401k retirement account?  Yes  No

Can the employee access the 401k retirement account?  Yes  No

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

If Section 1 has no Social Security detail, did the employer view picture identification?

Yes  No

---

Employer Rep Signature

Printed Name and Title

Date

---

Employer or Company Name

Email Address

Phone #