



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 #