



THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

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

TO: Name & Address of Employer
1st Request
2nd Request
Fax #:
Attn:
Re:
Applicant/Resident Name
Social Security Number
Unit # (if assigned)

I hereby authorize release of my employment information.
Signature of Applicant/Resident
Date
The individual named above is an applicant/resident of a City of Seattle Affordable Housing Program 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.

Return Form To:
Management Agent
Phone Number

THIS SECTION TO BE COMPLETED BY HAND BY EMPLOYER

\*Please use GROSS amounts and do not leave any section blank; enter zero "0" or "N/A"\*

Employee Name:
Job Title:
Presently Employed: Yes No
Date First Employed:
Last Date of Employment:
Current Gross Wages/Salary:
Average # of regular hours per week:
Year-to-date gross earnings:
Overtime Rate:
Shift Differential Rate:
Commission, bonuses, tips, other:
List any anticipated increase in the employee's rate of pay within the next 12 months:
Effective date of increase:
Does the employee participate in a 401(k) Retirement account?
Can the employee access the 401(k) account?
If the employee work is seasonal/sporadic, please indicate the layoff period(s):
If no Social Security number was provided, did employer view picture identification?
What is the tax filing status of the employee?
Signature
Title
Date
Print Name
Phone Number