

## Employment Verification Form

In order to determine eligibility for the Easton Affordable Housing Program, we must verify both employment and income on the below listed applicant.

I hereby authorize and request you to furnish information regarding my employment. I understand that this information will be kept confidential and will be used only for the program purposes.

Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We ask your cooperation in providing the following information and returning it to:

**Easton Affordable Housing Program, 14 S. Harrison Street, Easton, MD 21601**

Your prompt return of this information will help to assure timely processing of the application.

### Section I – General Information: (To be completed by employer)

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

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

Type of work performed by employee: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ Number of Days per week: \_\_\_\_\_

Employee Paid: \$ \_\_\_\_\_ [ ] Weekly [ ] Bi-Weekly [ ] Semi-monthly [ ] Monthly [ ] Other

Does employee receive commission /tips? [ ] Y [ ] N (if yes, indicate amount): \$ \_\_\_\_\_

Annual Bonus (Indicate amount): \$ \_\_\_\_\_

Is employment year round? [ ] Y [ ] N (If No, specify: 12 mos \_\_\_\_ 11½ mos \_\_\_\_ 11 mos \_\_\_\_  
10½ mos \_\_\_\_ 10 mos \_\_\_\_ 9½ \_\_\_\_ 9 mos \_\_\_\_ or \_\_\_\_\_ mos

### Section II – Employer Information: (To be completed by employer)

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Section III – Employer Verification:

This form should be completed and signed by a bona fide representative of the employer such as the human resources personnel, bookkeeper or accountant. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

The information provided on this form is true and complete to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Employer Signature Title Date