

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program 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.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**MARSH PROPERTIES, LLC**  
PO BOX 1213 CASPER, WY 82602  
[www.marshproperties.net](http://www.marshproperties.net)  
PHONE: 307-262-7513  
FAX: 307-224-7525

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

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

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

**Current** Wages/Salary: \$ \_\_\_\_\_ (check one)  
 hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from: \_\_\_/\_\_\_/\_\_\_ through: \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one)  
 hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

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

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.