

COMPREHENSIVE HOUSING DIVISION  
PO BOX 68  
ONEIDA, WISCONSIN 54155  
Phone: (920) 869-2227  
Fax: (920) 869-2836



**EMPLOYMENT VERIFICATION FORM**

This section to be completed by Comprehensive Housing Division

Employer/Company Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Employer/Company Address: \_\_\_\_\_ RE: \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_\_

Dear Sir/Madam;

Comprehensive Housing Division is required to verify income of all household members applying for or living in federally assisted housing. Please supply the information requested below and return this completed form to us as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing in our program.

Attached for your records is an AUTHORIZATION FOR RELEASE OF INFORMATION signed by the above referenced individual.

***THIS SECTION TO BE COMPLETED BY EMPLOYER***

Is the employee listed above currently employed by your company:  Yes  No

Position Title: \_\_\_\_\_

**EMPLOYED:**

Start Date of Employment: \_\_\_\_\_ Date of first paycheck: \_\_\_\_\_

Rate of Pay per hour: \$ \_\_\_\_\_ Best estimate of hours worked per week: \_\_\_\_\_

Cash and/or Tips Per week: \$ \_\_\_\_\_ Bonus/Commissions Per Week: \$ \_\_\_\_\_

Overtime Pay Rate Per Hours: \$ \_\_\_\_\_ Average OT Hours: \_\_\_\_\_

Frequency of Pay:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Irregular

**CURRENTLY NOT EMPLOYED:**

Employment End Date: \_\_\_\_\_ Date of Final Paycheck: \_\_\_\_\_

Final Monthly Gross Pay: \_\_\_\_\_ Reason Not Employed: \_\_\_\_\_

Layoff Date: \_\_\_\_\_ Return from Layoff Date: \_\_\_\_\_

**SIGNATURE-EMPLOYER/DESIGNEE:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_