



Property Name: \_\_\_\_\_

Date of 1st call to clarify: \_\_\_\_\_

Household Name: \_\_\_\_\_

Date of 2nd call to clarify: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Date of 3rd call to clarify: \_\_\_\_\_

\*This form is being used in addition to an incomplete Employment Verification, or an alternative to the Employment Verification when coupled with pay stubs or another form of back up documentation.

\*If this form is being used to verify income, all blanks must be filled in either with "NA" or a "would not disclose" etc. This is to ensure nothing is being overlooked such as pay raises or bonuses. If you are using this form to clarify information, please enter the pieces you are verifying and strike through the remaining fields.

THIS SECTION TO BE COMPLETED BY COMPLIANCE STAFF

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Title of Contact: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed: \_\_\_\_\_

No  Last Date of Employment: \_\_\_\_\_

Current Gross Wages/Salary: \_\_\_\_\_ Average # of regular hours per week: \_\_\_\_\_

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  other

Year-to-date gross earnings: \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
mm-dd-yy mm-dd-yy

# of Pay Periods included in YTD: \_\_\_\_\_

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

Shift Differential Rate: \_\_\_\_\_ per hour Avg # shift differential hours per week: \_\_\_\_\_

Commission, bonuses, tips, other: \_\_\_\_\_ Included in YTD figure above?  Yes  No

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  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?  Yes  No

Can the employee access the 401(k) account?  Yes  No

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?  Yes  No

What is the tax filing status of the employee?  Single  Married

This form was completed by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

X \_\_\_\_\_

Signature

\_\_\_\_\_

Date

Signature

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Date