



VERIFICATION OF EMPLOYMENT

The applicant identified below has applied for residence at the Town and Garden Apartments, located in Columbus, Indiana. Our regulations require that in order for the tenant to be eligible, we must verify the tenant’s income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the tenant’s eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Southern Indiana Housing and Community Development Corporation (SIH CDC)
748 Franklin Street, Columbus, IN 47201
Phone: (812) 376-9949

PART I. APPLICANT INFORMATION (To be completed by applicant)

Name of Applicant _____ SS#: _____

Address of Applicant _____

Signature of applicant _____

PART II. EMPLOYER INFORMATION (To be completed by applicant)

Name of Employer _____

Address of Employer _____

PART III. EMPLOYMENT INFORMATION (To be completed by employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, year, etc.)
4. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay in the near future?
Yes ___ No ___ If yes: Revised Rate _____ Effective Date _____
6. Number of hours/weeks employee normally works _____
7. Do you anticipate any change in the number of hours the employee works: Yes ___ No ___
If yes, explain in #14 below.
8. Anticipated average amount of overtime/week _____
9. Gross annual earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$ _____
10. Does this employee receive vacation with pay? Yes ___ No ___
11. Does this employee receive sick leave pay? Yes ___ No ___
12. If the employee’s work is seasonal or sporadic, indicate lay-off periods. _____

13. Does this employee receive an earned income tax credit? Yes ___ No ___
14. Additional Comments:

Completed By: Name _____
Title _____ Telephone No. _____
Signature _____ Date: _____

