



**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 (SIHCDC)  
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: \_\_\_\_\_

