EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:			**Contact Person:**				
Address:			**Phone:**			**Fax:**	
City:		**State:**		**Zip:**		**Email:**	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature **Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program.** The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Project Owner/Management Agent

RETURN THIS FORM TO:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form. Please do not leave blanks.

Employee Name: _____ Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/_____ No ☐ Last Date of Employment: ____/____/_____

Current Wages (check one) ☐ Hourly ☐ Salary $ _____

Pay Frequency ☐ Weekly ☐ Bi-weekly ☐Monthly ☐Semi-monthly ☐Yearly
Pay Method ☐ Cash ☐ Check ☐Direct Deposit ☐ Other _____

Number of regular hours scheduled per week:
(If hours vary please list maximum anticipated) _____

Gross Year to Date Pay: $_____
From ____/____/____ Through ____/____/_____
Number of pay periods included in the YTD earnings above:_____

Gross pay from prior year: $_____

Overtime Rate: $_____ per hour
Average number of OT hours per week: _____

Shift Differential Rate: $_____ per hour Average number of shift differential hours per week: _____

COMMISSION $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly
TIPS: $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly

BONUS: $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly ☐Yearly
OTHER: $_____ ☐Semi-monthly ☐Yearly

Did employee receive a raise last year? ☐No ☐Yes If YES, when? _____ If the employee received a raise last year, is there any reason to think this year might be different? _____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: $_____Hours_____; Effective date:_____/____/_____

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked:_____

Is employee eligible for unemployment during the layoff? ☐No ☐Yes

Employer Signature | Employer Printed Name & Title | Date

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.

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ADFA Form 504 adopted 04/17/24