EMPLOYMENT VERIFICATION

	THIS SECTION TO BE C	OMPLETED BY MAN	AGEMENT AND EX	ECUTED BY RESIDENT
TO:	(Name & address of Employer)		☐ 2r	st Request and Request
			Attn:	
RE:	Applicant/Resident Name		Social Security Number	
			·	r Unit # (if assigned)
I hereb	by authorize release of my employment i	information.		
State of the state of the state of	Signature of Applicant/Res	sident		Date
The in	dividual named directly above is an apped will remain confidential to satisfaction	olicant/tenant of a housing of that stated purpose o	ng program that requi	res verification of income. The information onse is crucial and greatly appreciated.
	Project Owner/Management	Agent	P. O. Box	Cerrace Apartments
	, rojest etmormanagement			e Gap, VA 24219
		Return Form To	Phone: (2) Fax: (276	276) 523-4788 x 100 5) 523-5141
	THIS	SECTION TO BE COM	IPLETED BY EMPI	OYER
	Please use GROSS amounts and do n			
Employ	yee Name:	J	ob Title:	MAN, and a second secon
Preser	itly Employed: Yes No	Date First Employed	Last Day	of Employment
Curren	t Wages/Salary: \$(circ	cle one) hourly weekl	ly bi-weekly sem	i-monthly monthly yearly other
Numbe	er of regular hours per week:			
Overtin	ne Rate: \$ per hour	Number of o	vertime hours per we	ek:
Shift D	ifferential Rate: \$ per hour			per week:
Commi	issions, bonuses, tips, other: \$			
	ne employee participate in a 401(K) Ret		•	. , ,
			•	oyee access the account? □YES □NO
				or retiring? \$
				; Effective date:
If the e	mployee's work is seasonal or sporadic,	, please indicate the layo	ff period(s):	
Additio	nal remarks:			
	Employer's Signature	Employer's Pr	inted Name	Date
		Employer [Company]	Name and Address	
	Phone #	Fax	46	
		rax:	77	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.