EMPLOYMENT VERIFICATION

		Employer [Company] Na	me and Address	
	Employer's Signature	Employer's Printe	d Name	Date
Addition	nal remarks:			**************************************
f the er	nployee's work is seasonal or sporadic,	please indicate the layoff p	eriod(s):	
				; Effective date:
Vhat is	the total amount in the 401(K) that is a	cessible to the employee v	vithout terminating	or retiring? \$
			•	yee access the account? □YES □NO
ommi	esions, bonuses, tips, other: \$	(circle one) hourly	weekly bi-wee	ekly semi-monthly monthly yearly
	fferential Rate: \$ per hour		·	per week;
	e Rate: \$ per hour		time hours per wee	ek:
	of regular hours per week:			
	Wages/Salary: \$ (circ		bi-weekly semi	-monthly monthly yearly other
				of Employment
	Please use GROSS amounts and do no	t leave any sections blank;	enter zero "0" if ho	ours or amounts are not applicable.
	THIS S	ECTION TO BE COMPL	ETED BY EMPL	OYER
		Return Form To:	Phone: (2	76) 523-4788 x 100) 523-5141
Project Owner/Management A		pig brone dap		536 Gap, VA 24219
			Woodstone	Village Apartments
ne ind rovide	ividual named directly above is an app d will remain confidential to satisfaction	cant/tenant of a housing p of that stated purpose only.	rogram that requir Your prompt resp	es verification of income. The informations onse is crucial and greatly appreciated.
	Signature of Applicant/Res	Control of the Contro		Date
hereby	authorize release of my employment ir	formation.		
NΞ,	Applicant/Resident Name	So	cial Security Number	Unit # (if assigned)
RE:				
			Attn:	
O:	(Name & address of Employer)			d Request
-			_	st Request

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.