



## EMPLOYMENT VERIFICATION

**PLEASE FAX THIS COMPLETED FORM TO HASB AT 574-544-5165 OR MAIL (IN COMPANY LETTERHEAD ENVELOPE) TO 501 ALONZO WATSON DRIVE, SOUTH BEND, IN 46601**

I hereby authorize the release of the following information in order to determine my eligibility for housing assistance.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)	
Head of Household (If different than employee)	
Name of Employee	
Social Security Number	
Home Address	
Current Phone Number	

EMPLOYER INFORMATION (TO BE COMPLETED BY EMPLOYEE)	
Company or Corporate Name	
Company Address	
Company Phone Number	

WAGE INFORMATION (TO BE COMPLETED BY EMPLOYER ONLY)				
Hire Date		Last Day Worked		
Effective Date of Current Pay Rate				
Employee's Title or Position				
Average Number of Hours Per Week	Hourly Wage \$	Average Overtime Hours Per Week	Overtime Wage \$	Average Tips Per Week \$
Bonuses, Commissions or Incentives	\$	How Often?		
Is this temporary termination or furlough? Y / N	Leave of absence start date: _____	Leave of absence end date: _____	Payroll (circle one) Weekly      Biweekly Bi-Month    Monthly	

\_\_\_\_\_  
Signature of Employer or Employer Representative                      Printed Name

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number and Extension: \_\_\_\_\_

***Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.***