TENNESSEE HOUSING DEVELOPMENT AGENCY EMPLOYMENT VERIFICATION

	THIS SECTION TO BE COMP	LETED BY MANAGEMENT AN	EXECUTED	BY APPLICANT.
TO:	(Name & address of employer)		Date:	
	Property Name	Project Identification	on	Property Fax Number
RE:				
	Applicant Name	Social Security Num	ber	Unit No. (if assigned)
I hereby	y authorize release of my employment info	ormation.		
	Signature of Appl	icant		Date
	dual named directly above is an applicant vill remain confidential to satisfaction of the			
	Signature of Manager/Manager	nent Company		Date
	THIS SECT	TION TO BE COMPLETED BY E	MPLOYER	
Employe	ee Name:	Job Title:		
Presentl	ly Employed: Yes Date First E	Employed No	Last Day of	Employment
Current	Wages/Salary: \$ (Circ	cle) Hourly Weekly Biweekly	Semimonthly	Monthly Annually Othe
Average	e No. of regular hours per week:	Year to date earnings:	I/A	through
Overtim	e Rate: \$	per hour. Average number of c	vertime hours po	er week:
Shift Dif	ferential Rate: \$	per hour. Average number of shift	differential hour	s per week:
	sions, Tips, Bonuses: \$ (Circ		Semimonthly	Monthly Annually Otho
List any	anticipated change in the employee's rate	. ,		change:
If the er	mployee's work is seasonal or sporadic, pl			
	Employer's Signature	Employer's Printed Na	me	Date
	Em	nployer (Company) Name and Addre	SS	
	Telephone Number	Fax Number		E-mail Address

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.