EXHIBIT NV-2 EMPLOYMENT VERIFICATION

| **THIS SECTION TO BE COMPLETED BY MANGEMENT AND EXECUTED BY TENANT** |
| --- |

| To: | (Name & Address of Employer) | Date: |  |
| --- | --- | --- | --- |

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|  |

| Re: |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Applicant/Tenant Name |  | Social Security Number |  | Unit # (if assigned) |

I hereby authorize release of my employment information.

| Signature of Applicant/Tenant | Date |
| --- | --- |

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Owner/Management Agent |  | **Return Form To:** |  |
|  |  |  |  |
|  |  |  |  |

| **THIS SECTION TO BE COMPLETED BY EMPLOYER** |
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Please use **GROSS** amounts and do not leave any sections blank; enter zero “0” or “None” if applicable

Employee Name: \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presently Employed:  Yes Date First Employed: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Last Date of Employment: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current **Gross** Wages/Salary: $\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (check one below) Average # of regular hours per week: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

Hourly |  Weekly |  Bi-weekly |  Monthly |  Semi-monthly |  Yearly |  Other

Year-to-date **gross** earnings: $\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_     \_\_\_\_\_\_\_\_\_\_\_

| (mm-dd-yy) | (mm-dd-yy) |
| --- | --- |

Overtime Rate: $ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour Average # of overtime hours per week: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Differential Rate: $ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour Average # shift differential hours per week: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Commissions, bonuses, tips, other: $ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (check one below) Included in Y-T-D figure above?  Yes  No

Hourly |  Weekly |  Bi-weekly |  Monthly |  Semi-monthly |  Yearly |  Other

If other is checked please describe/explain: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any anticipated increase in the employee’s rate of pay within the next 12 months:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_     \_\_\_\_\_

Does the employee participate in a 401(k) Retirement account? Yes  No Can employee access the account?  Yes  No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Remarks \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Employer’s Signature | Employer’s Printed Name and Title | Date |
| --- | --- | --- |

| Employer (Company) Name | Address |
| --- | --- |

| Phone # | Fax # | Email |
| --- | --- | --- |

**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.