

# Verification of Employment Form



**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household. Applying for participation in Empowerment rental program. We ask your cooperation in supplying this information will be used only to determine the eligibility status of the household.

If you have questions, please contact: LaTanya Davis-Property Manager  
EmPOWERment Inc., 109 N. Graham St, Ste 200, Chapel Hill, NC 27516  
Phone: 919-967-8779 Fax: 919-967-0710 e-mail: tandavis@empowerment-inc.org

**Release:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Employer's Address:

\_\_\_\_\_  
Employed since: Occupation:

\_\_\_\_\_  
Salary: Effective date of last increase:

\_\_\_\_\_  
Base pay rate: \$ /hour; or \$ /week; or \$ /month

\_\_\_\_\_  
Average hours/week at base pay rate:

\_\_\_\_\_  
Number of weeks ; or number of weeks worked per year

\_\_\_\_\_  
Overtime pay rate: \$ /hour

\_\_\_\_\_  
Expected average number of hours overtime worked per week during the next 12 months:

\_\_\_\_\_  
Any other compensation not included above (Specify for commissions, bonuses, tips, etc):

For: \$ per

\_\_\_\_\_  
Is pay received for vacation? If yes, number of days/year:

\_\_\_\_\_  
Total base pay earnings for past 12 months: \$

\_\_\_\_\_  
Total overtime earnings for past 12 months: \$

\_\_\_\_\_  
Does the employee have access to a retirement account? Yes No

\_\_\_\_\_  
If yes what amount can they get access to: \$

\_\_\_\_\_  
Name of Employer or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

