# EMPLOYMENT VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name & address of employer) Date:

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.

 Allegrone Real Estate Inc. ­­­­­­­ Allegrone Real Estate Inc.

 Property Owner/Management Agent 150 Pittsfield Road Lenox, MA 01240

  **Please Return Form to:**or email to realestate@allegrone.com

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: Job Title:

Presently Employed: Yes Date First Employed No Last Day of Employment

**Current** Wages/Salary: $ (check one)

* hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other

Average # of regular hours per week: Year-to-date earnings: $ from: / /\_ through: / /

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

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

Commissions, bonuses, tips, other: $ (check one)

* hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other

List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date:

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

Additional remarks:

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

**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.