

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

TO: _____
NAME OF EMPLOYER _____ NAME OF DEPT. OR PERSON TO CONTACT incl. Phone # _____

RE: _____
NAME OF APPLICANT _____ FAX NUMBER OF DEPT. OR PERSON TO CONTACT _____

I hereby authorize release of my employment information.

Signature of Applicant

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

The individual named above is an applicant for 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.

Please return this form to City of Sunnyvale within five business days. Fax to 408-737-4906, or mail to City of Sunnyvale, Housing Division, 456 West Olive Avenue, Sunnyvale, CA 94086. For questions, call 408-730-7250.

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 Government as to any matter within its jurisdiction.

Employee Name: _____ Job Title: _____

Currently Employed: Yes ☐ Date First Employed _____ No ☐ Last Day of Employment _____

Current Wages/Salary: \$ _____ per (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly
☐ monthly ☐ yearly ☐ other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ 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: \$ _____ per (check) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-weekly
☐ 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's Name and Address:

Phone #

Fax #

E-mail

THIS SECTION FOR HOUSING STAFF USE ONLY

Agent for City of Sunnyvale

Phone

Date

May 28, 2020