



Providing Homes, Creating Community, Changing Lives

Employment Verification

Boulder Housing Partners | 4800 North Broadway Boulder, CO 80304 | Phone: 720-564-4610

Tell Us About Your Employment

Name of Employer	Employer Fax #
Employer Address	Employer Phone #
Applicant/Resident Name	Head of Household Name
Applicant/Resident Social Security #	Applicant/Resident Date of Birth

Consent to Release Information: My signature below authorizes verification of my employment information.

Applicant/Resident Signature _____

Date _____

STAFF USE ONLY

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release above giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent _____

Title _____

Date _____

Owner/Agent Address _____

Owner/Agent's Fax Number _____

Employer: Please fill out the information below as completely as possible.

Date of Hire	Date of Termination	Position
Base Pay \$ _____ per (check one) <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour <input type="checkbox"/> Other, explain: _____		
If hourly, hours worked per week	Overtime Hrs per week	Overtime pay rate
Year-to-Date Earnings \$ _____ through _____ / _____ / _____	Average No. of Shift Differential Hrs per Week	Shift Diff. Rate per Hr
Does this employee receive? (check all that apply) <input type="checkbox"/> Bonuses <input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Other	Average bonuses/tips/commissions \$ _____ per (check one) <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Are bonus/commissions guaranteed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____	Date of next pay increase (if known)	Amount of next pay increase (if known)
If employment is seasonal/periodic, please specify layoff periods		

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative _____

Title _____

Date _____

Telephone # _____

