



Providing Homes, Creating Community, Changing Lives

Verification of Employment

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

Tell Us About Your Employment - Applicant/Participant complete and sign top portion only and take to your employer to have them complete the bottom of the form and return to Boulder Housing Partners.

Name of Employer	Employer Fax #
Employer Address	Employer Phone #
Applicant/Participant Name	Head of Household Name
Applicant/Participant Social Security #	Applicant/Participant Date of Birth (MM/DD/YYYY)

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

Applicant/Participant Signature

Date

The above Applicant/Participant 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 above.

Attention Employer: Please fill out the information below as completely as possible and return to Boulder Housing Partners via fax (303-302-1658) or email (hcv@boulderhousing.org) or mail (4800 Broadway, Boulder, CO 80304).

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
Last 12 Months Gross Income	Average No. of Shift Differential Hrs. per Week	Shift Diff. Rate per Hr.
\$ _____ through _____ / _____ / _____		
Does this employee receive? (check all that apply)	Average Bonuses/Tips/Commissions	
<input type="checkbox"/> Bonuses <input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Other	\$ _____ 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	Date of next pay increase (if known)	Amount of next pay increase (if known)
If no, explain:		
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 Representative

Title

Date

Printed name of Representative

Telephone number

