



M-19D Verification of Employment

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant Name

Address

I hereby authorize release of my employment information.

Signature of Employee _____ Date _____

OR copy of the attached executed release form which authorizes the information requested.

Federal regulations require verification of income for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____

Job Title _____ Date of Hire ____/____/____

Current Salary/Wages \$ _____ Hourly Weekly Bi-weekly Monthly Annual Salary

Average # regular hours per week: _____

Overtime rate: \$ _____ per hour Average # of overtime hours per week: _____

Commission: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Bonus: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Tips: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Other: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Does the employee have access to a retirement account? Yes No If yes, what amount \$ _____

and rate of interest _____. Does the account have withdrawal penalties? Amount \$ _____

Employer's Signature Employer's Printed Name Date

Employer Title Employer (Company) Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.