

NO ALTERATIONS TO THIS FORM WILL BE ACCEPTED
 All marks must be clearly legible, written in ink and signed by the employer. Forms showing adjustments/corrections with white-out or by other means will be returned to the Sponsor.

HTF-3BFI Verification of Employment

Date: _____

This form is to be signed by the potential beneficiary and mailed to their employer by the Sponsor. This form should not be hand delivered by the potential beneficiary.

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|------------------------------------|--|
| TO: (Name and address of Employer) | FROM: (Name, address & social security # of Beneficiary) |
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I have applied for housing assistance from _____ (name of the Sponsor). Please provide the salary and employment verification requested below.

 Signature of Beneficiary

EMPLOYER:

Is the beneficiary currently employed by you? Yes No Position: _____

Dates of employment: _____ Probability of continued employment: Yes No

Full Time Part Time Hours per week: _____ Hours per year: _____

Basic Pay: \$ _____ /hour Basic Pay: \$ _____ /per year

Overtime Pay: \$ _____ /hour Overtime Hours per week: _____ per year: _____

Commission: \$ _____ /month \$ _____ /year

Bonus/Other: \$ _____ /month \$ _____ /year

 Employer Signature

 Date

 Employer Telephone Number

The above information is confidential. Thank you for your cooperation. Please return this form directly to: