

VERIFICATION OF EMPLOYMENT

SECTION I TO BE COMPLETED BY APPLICANT

Name and address of applicant:

Name and mailing address of employer:

I hereby authorize the Town of Truckee, or program operator, to obtain verification of my employment. The last four digits of my social security number are: xxx-xx-_____.

(Applicant Signature)

(Date)

(Return this form to the program operator – do NOT mail it to your employer)

SECTION II – TO BE COMPLETED BY EMPLOYER

The above named employee is making application through the Town of Truckee's first-time homebuyer program and has identified your firm as his/her employer. Your cooperation in verifying his/her income is needed and appreciated.

Applicant's Date of Employment: _____ Probability of continued employment: _____
Present position: _____

Pay Period (please check one) ___ Annual ___ Monthly ___ Weekly ___ Bi-Weekly ___
Bi-Monthly ___ Hourly ___ Other ___ (specify) _____

Current gross base pay: _____

Gross Earnings:	Year to Date (through _____) (date)	Past Year
Base Pay	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Total	\$ _____	\$ _____

If overtime or bonus is applicable, is the continuance likely?

Overtime ___ Yes ___ No
Bonus ___ Yes ___ No

If paid hourly – average hours per week: _____

Date of applicant's next pay increase: _____ Projected amount: _____

Date of applicant's last pay increase: _____ Amount: _____

Employer's Signature

Title

Date