

**HTF-3B Verification of Employment**

This form is to be signed by the potential beneficiary and mailed to his/her employer by the Sponsor. **This form should not be hand delivered by the potential beneficiary.**

**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.

| To: Name and Address of Employer | From: Name, Address, SSN of Beneficiary |
|----------------------------------|---|
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|                                  |   |

I have applied for housing assistance from \_\_\_\_\_ (name of the Sponsor). Please provide the income and employment verification information requested below.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date

**Employer:**

Is the beneficiary currently employed by you?  Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Probability of continued employment: \_\_\_\_\_

Full-Time:  Part-Time:  Hours per week: \_\_\_\_\_ Hours per year: \_\_\_\_\_

Basic Pay: \$ \_\_\_\_\_/hour Basic Pay: \$ \_\_\_\_\_/year

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

Commission: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year

Bonus/Other: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Employer Phone #

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

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

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Sponsor Name, Address & Email