

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

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:

Sponsor Name, Address & Email