



TOWN OF FRISCO

EMPLOYMENT, INCOME AND WORK SCHEDULE VERIFICATION

TO BE COMPLETED BY APPLICANT:

Employee Name: _____ Employer Name: _____
Employer Address: _____

Applicant Release Statement

I hereby authorize the release of the following information in order to determine my eligibility to occupy Town of Frisco rental housing.

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

The above-signed employee has applied or has a housing lease in a property owned by Town of Frisco. The lease and housing policy guidelines require employer verification of employment, income and work schedule. Please complete the following information and return as soon as possible. If you have questions, please contact Katie Kent at katiek@townoffrisco.com or 970-668-9130.

Your assistance in completing this form accurately and timely is greatly appreciated!

Employee Position or Title: _____ Date of Hire: _____

Compensation Information
Hourly wages \$_____/hr OR Annual Salary_____ Numbers of hours/week _____
Year to date gross earnings \$_____ Through (date) _____
This position is seasonal [] YES [] No Start Date _____ End Date _____
Overtime Information
Hourly overtime wages \$_____ Is overtime seasonal? YES NO
Number of overtime hours/week _____ Number of weeks of OT/year _____
Additional Compensation Information
Tips/Week \$_____ Comments:
Bonuses, Commissions or Other Types \$_____
Work Schedule
Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Hours
Variable Schedule: NO YES, explain:

Signature of Employer/Supervisor: _____ Title: _____

Printed Name of Employer/Supervisor: _____ Date: _____

Phone: _____ Supervisor E-mail: _____