

SUMMIT



COMBINED HOUSING AUTHORITY

SCHA VERIFICATION OF EMPLOYMENT

This Form Must Be Completed By Human Resources Director, General Manager or Business Owner
This form is only valid for 60 days after dated signature.

Applicant Name: _____

Consent to Release Information: My signature below authorizes verification of my employment information. Applicants must sign and date below before submitting this form to their human resources department or manager.	
_____	_____
Applicant Signature	Date

The above Applicant is applying to/participating in a housing program that requires verification of income and hours worked. The individual has signed the above release giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form via our secure document upload portal at: <https://www.summithousing.us/scha-document-upload/>.

This form must be returned directly from the employer representative to the SCHA. Incomplete or illegible information can delay the processing of the employee's housing application. This document is a SUPPLEMENT to the Buyer Application and supporting documents submitted by applicant and will be examined in conjunction with the full application. Information put on this form does not guarantee buyer eligibility approval.

Employer Information

Employer Name: _____
Employer Address: _____
Employer Email: _____ Employer Phone: _____
Employee's Physical Work Location: _____

Hour Information

Date of Hire: _____ Position: _____
Is this position (check one): Full-Time Year Round Part-Time Year Round
 Full-Time Seasonal Part-Time Seasonal
Regular Hours per Week: _____ Overtime Hours per Week: _____
Please enter the hours for both hourly and salaried employees.

Seasonal Employees (Dates should be estimated based on best information available if not known):

Current/Next Season Start Date (MM/DD/YYYY): _____

Current/Next Season End Date (MM/DD/YYYY): _____





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This Form Must Be Completed By Human Resources Director, General Manager or Business Owner

Applicant Name: _____

Income Information

Base Pay: \$ _____

Per (check one): Year Month Week Hour Other: _____

Year-to-Date Earnings: \$ _____ YTD From: _____ YTD To: _____

Overtime Hours per Week: _____ Overtime Pay Rate: \$ _____

Average Shift Differential Hours per Week: _____ Shift Differential Rate per Hour: \$ _____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$ _____

Per (check one): Year Month Week Hour Other: _____

Are bonus/commissions/tips guaranteed? Yes No Explain: _____

Date of Last Pay Increase: _____

Amount of last Pay increase: _____

Date of Next Pay Increase (if known): _____

Amount of Next Pay Increase (if known): \$ _____

Additional HR Rep or Manager Comments relative to pay or hours: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer HR Representative or Manager

Title

Date

Printed Name

Email

Phone