

Verification of Employment Form

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Community Home Trust Homeownership Program. Please sign the release section below and provide the form to your employer to complete and submit. This information is confidential and will be used only to determine the eligibility status of the household.

If you have questions, please contact: Ivelisse Mercado

Community Home Trust ~ PO Box 2315 Chapel Hill, NC 27515

Phone: 919/ 967-1545 x 301 Fax: 919-968-4030 e-mail: imercado@communityhometrust.org.

RELEASE: I hereby authorize the release of the requested information.

Name of Applicant (Print)

Date

Signature of Applicant

Employer: _____

Employer's Address: _____

Employed since: _____ Occupation: _____

Salary: _____ Effective date of last increase: _____

Base pay rate: \$ _____/hour; or \$ _____/week; or \$ _____/month

Full Time ____ Part Time ____ Average hours/week at base pay rate: _____

Number of weeks per year _____; or number of months per year _____

Overtime pay rate: \$ _____/hour

Expected average number of hours overtime worked per week during the next 12 months: _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$ _____ per _____

Is pay received for vacation? _____ If yes, number of days/year: _____

Total base pay earnings for past 12 months: \$ _____

Total overtime earnings for past 12 months: \$ _____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? ____ yes ____ no

If yes, what amount can they get access to: \$ _____

Name of Employer or Authorized Representative

Title

Signature

Date

Phone Number

Email Address