

# 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