

530 WEST 45
EMPLOYMENT AND INCOME VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. A member of the intake team at 530 West 45 Apartments will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Applicant's Log #

Dear Supervisor/HR Department Representative:

The above named person is an applicant/participant to/in an affordable housing program regulated by the New York City Department of Housing Preservation & Development (HPD). We ask your cooperation in providing the requested information to document program eligibility. **Please note that correction fluid cannot be used on this form.** Thank you for your assistance.

All sections must be answered -- **if a question does not apply to the employee/contractor, please write "N/A" in the applicable line.** Please return to:

530 West 45th Street Leasing Office, New York, NY 10036 Fax:
212--504--3299 Email: Leasing@530West45.com

1. Employee/Contractor's Start Date: ____/____/____ Position/Job Title: _____
2. Still Employed/Contracted?: Yes No If no, last date worked: ____/____/____
3. Will the employee/contractor earn income within the next 12 months?: Yes No
 - a. If no, please explain: _____
4. Year to Date Gross Earnings:
\$ _____ through pay date ____/____/____
5. Average Gross Pay: \$ _____ per week bi--week semi---monthly monthly annual
6. Hourly Pay Rate: \$ _____
7. Average Hours per: _____ per week bi--week semi---monthly monthly annual (not a range)
8. Does the employee/contractor have the ability to earn overtime?: Yes No
 - a. If yes, what is current rate of overtime pay?: \$ _____
 - b. Anticipated amount of OT hours: _____ per week bi--week semi---monthly monthly annual
9. Anticipated Tips, Commissions, Bonuses: \$ _____ per week bi--week semi---monthly monthly annual
10. Do you anticipate any changes in rate of pay or number of hours in the next 12 months?: Yes No
 - a. If yes, please explain: _____
11. Is work seasonal or sporadic?: Yes No
 - a. If yes, please indicate layoff period(s): _____

This information is provided in strict confidence by:

Signature of Employer

Printed Name and Title

Company Name

Company Address

Daytime Phone Number

Date