

Williamsburg Cooperative

32115 Harper Ave | St Clair Shores MI 48082 |
586-293-4709

www.williamsburgtownehouses.com

Verification of Employment



Personal Information				
Full Name:				
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Birth Date:</i>	<i>Social Security #</i>
Phone:		Email:		
Married, single, divorced, widow: please circle one				

I hereby request that you furnish information to the Housing Complex regarding my employment. I understand that this information will be kept confidential and will be used only for verification purposes.

Signature: _____

Date: _____

Part I – Verification of Employment				
Employer Name:				Phone:
Address:				Supervisor:
Job Title:	Monthly Income: \$		Start date:	End date:
Probability of continued employment:	Yes <input type="checkbox"/>	NO <input type="checkbox"/>	If No; details _____	
Anticipated Pay Increase:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes effective date; _____ amount \$	
Earnings YTD	\$	Earnings YTD Bonus:	\$	
Earnings YTD Overtime	\$	Earnings YTD Tips, Commission:	\$	
FOR MILITARY PERSONNEL ONLY:				
Branch:				Start date: End date:
Taxable Monthly Pay:	\$	Other: (specify)	\$	
Base Pay	\$	Base Pay	\$	Rations: \$
Flight Pay	\$	Flight Pay	\$	Clothing: \$

Part II - CERTIFICATION

Upon signing, I certify that the answers are true and complete to the best of my knowledge.

This form should be completed and signed by a bona fide representative of the employer such as a timekeeper, bookkeeper, or accountant. *In no event should it be completed by an employee. Federal Statues provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.*

Signature/Title: _____

Phone # _____

Date: _____

Email: WTHC.1963@yahoo.com

Fax # 586-293-0079

VOE