

## Verification of Employment Status

### Program Verification Requirement:

- Home Forward is required to verify the employment status for all applicants and current participants in the federal housing programs we administer. We ask your cooperation in supplying the information requested.

### Instructions:

- The human resources or personnel staff, supervisor, or accounting staff should complete this form.
- **Under no circumstances should the employee fill out this form.**
- Only complete section below that applies to employee's current status.
- If necessary, an *Authorization for the Release of Information* is attached.
- **Please print legibly. You may fax the completed form to (503) 802-8589 Attn: \_\_\_\_\_**

Employee's Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

### 1. Complete if Employee is Currently Working Regularly Scheduled Hours

Base Pay: \$ \_\_\_\_\_ Per:  Hour  Week  Month  Year Average Hours Worked per Week: \_\_\_\_\_

Do you anticipate an increase in the Base Pay within the next 12 months?  Yes  No New Rate: \_\_\_\_\_ Effective: \_\_\_\_\_

Do you anticipate the employee will work any overtime in the next 12 months?  Yes  No Rate: \_\_\_\_\_ Hours: \_\_\_\_\_

Does the employee receive tips, bonuses, or any other pay or compensation?  Yes  No Amount: \_\_\_\_\_ Per: \_\_\_\_\_

What were employee's gross earnings for the past 12 months? Amount: \_\_\_\_\_

### 2. Complete if Employee is Currently Working Irregular Hours or On-Call

Base Pay: \$ \_\_\_\_\_ Per:  Hour  Week  Month  Year Average Hours Worked per Week: \_\_\_\_\_

Total gross earnings Year-to-Date: \$ \_\_\_\_\_ As of pay period ending: \_\_\_\_\_

Total gross earnings for last 12 months: \$ \_\_\_\_\_ Anticipated earnings for the next 12 months: \$ \_\_\_\_\_

Does the employee receive tips, bonuses, or any other pay or compensation?  Yes  No Amount: \_\_\_\_\_ Per: \_\_\_\_\_

### 3. Complete if Employee is No Longer Employed

Date of termination: \_\_\_\_\_ Last day employee actually worked: \_\_\_\_\_

Is the employee on Maternity, Parental, Medical, or other leave?  Yes  No If yes, anticipated return to work date: \_\_\_\_\_

If yes, is employee on short/long-term disability with compensation?  Yes  No Amount: \_\_\_\_\_ Per: \_\_\_\_\_

Does the employee have a current or pending worker's compensation claim?  Yes  No

Do you anticipate re-hiring this employee?  Yes  No If yes, when: \_\_\_\_\_

What were employee's gross earnings for the past 12 months? Amount: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Home Forward Use Only

Employment Status Verification Completed: Date \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Verification provided by: \_\_\_\_\_ Changes, if any: \_\_\_\_\_