
Rehab Loan Program
VERIFICATION OF EMPLOYMENT

Name of Employer: _____

Address: _____

Employee: _____

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information. This request for verification of employment and earnings is required to establish eligibility for participation in our housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this family.

1. Gross earnings during the past 12 months: \$ _____

2. Is this person currently an employee? Yes No

3. If not, is this a temporary situation? Yes No

4. If employment is seasonal or sporadic, please give lay-off periods: _____

5. Original or re-hire date: _____ Termination date: _____

6. Average number of hours per work week: Straight time _____ Overtime _____

7. Current Gross pay rate: \$ _____ per _____. Effective date of rate: _____

8. Overtime is paid at the rate of \$ _____ per _____

9. Expected change in pay rate: \$ _____ Date: _____

10. Amount of bonus, incentive pay, commission or tips: \$ _____ per _____

11. Does this person receive vacation with pay? Yes No Sick leave with pay? Yes No

12. Amount deducted for health insurance: \$ _____ per _____ (weekly, monthly, etc.)

13. Employee's position or job title: _____

Person completing this form

Date

Title

Telephone Number

Please return this form to the **Hutchinson HRA, 111 Hassan St SE, MN 55350.**
If you have any questions contact **Judy Flemming (320) 234-4251.**