CITY OF SHORELINE
EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed, emailed or faxed to the resident's employer by on-site personnel. The resident cannot "hand carry" this form to his/her employer.

TO: Name & Address of Employer

☐ 1st Request
☐ 2nd Request

Fax #: _____   Attn: _____

Re: _____

Applicant/Resident Name   Social Security Number   Unit # (if assigned)

I hereby authorize release of my employment information.

_____   _____
Signature of Applicant/Resident   Date

The individual named above is an applicant/resident of the City of Shoreline Multifamily Tax Exemption (MFTE) affordable housing program that requires verification of income. The information provided will remain confidential and shall remain for that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Management Agent

_____
Phone Number

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

*Please use **GROSS** amounts and do not leave any section blank; enter zero **"0"** or **"N/A"***

Employee Name: _____   Job Title: _____

Presently Employed: Yes ☐   Date First Employed: _____
                        No ☐   Last Date of Employment: _____

Current Gross Wages/Salary: _____   Average # of regular hours per week: _____

☐ hourly   ☐ weekly   ☐ bi-weekly   ☐ monthly   ☐ semi-monthly   ☐ yearly   ☐ other

Year-to-date gross earnings: _____   from _____   through _____
                                                   mm-dd-yy   mm-dd-yy

# of Pay Periods included in YTD: _____

Overtime Rate: _____ per hour   Avg # of overtime hours per week: _____
Shift Differential Rate: _____ per hour   Avg # shift differential hours per week: _____

Commission, bonuses, tips, other: _____   Included in YTD figure above?   ☐ Yes ☐ No

☐ hourly   ☐ weekly   ☐ bi-weekly   ☐ monthly   ☐ semi-monthly   ☐ yearly   ☐ other

List any anticipated increase in the employee's rate of pay within the next 12 months: _____
Effective date of increase: _____

Does the employee participate in a 401(k) Retirement account?   ☐ Yes ☐ No
Can the employee access the 401(k) acount?   ☐ Yes ☐ No

If the employee work is seasonal/sporadic, please indicate the layoff period(s):

If no Social Security number was provided, did employer view picture identification?   ☐ Yes ☐ No

_____   _____   _____
Employer's signature   Employer's Printed Name and Title   Date

_____   _____   _____   _____
Employer (Company Name)   email Address   Phone #   Fax #

11/2/2022