Mail or Fax to:
WILLIAMSBURG TOWNEHOUSES COOPERATIVE
32115 HARPER AVE
ST. CLAIR SHORES, MI 48082
(586) 293-4709
Fax (586) 293-0079

REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE: _____

Employee Name: _____ Employers Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

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: _____

Social Security Number: _____

Part I - Verification of Employment

1. Present Position: 2. Date of employment 3. Probability of continued employment 4. Bonus or Overtime
( ) yes ( ) no

5. **Current base Pay** Anticipated pay Increase: ( ) yes ( ) no Effective date: _____

$ _____ (x) yearly Amount: $ _____

6. **Earnings Year to Date** FOR MILITARY PERSONNEL ONLY

$ _____ Taxable monthly pay $_____

7. **Earnings Year to Date overtime:** Base pay $_____ Overtime $ _____

$_____ Flight Pay $ _____ Pro Pay $ _____

8. **Earnings Year to Date bonus**: Rations $ _____ Clothing $ _____

$ _____ Career Off. Pay $ _____

9. **Earning year to Date tips, comm.**:

Other: (specify): $_____

$ _____

Part II - CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer such as a timekeeper, book keeper, 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

_____