Colorado Community Land Trust

Request for Verification of Employment

(Applicant: Fill out the top portion only and give to employer to fill out the lower portion)

Applicant Name: SSN:

Address: …… Phone: ……

Employer's Name: …… Address: ……

Release: *I hereby authorize the release of the requested information*

Signature: Date:

TO BE COMPLETED BY EMPLOYER

This information will be used only to determine whether the applicant is eligible for Affordable Housing. Your prompt return of the requested information will be appreciated. *Jane Harrington, P.O. Box 202077, Denver, CO 80220 or fax to 303-856-7756.* If you have any questions, please feel free to call me at 303.856-7357.

Position Held:

Employed From: To:

Employee is paid: ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Other

Current rate of gross pay per pay period: $

Average hours worked per week:

Overtime rate per hour: $

Average hours of overtime per week:

Commissions earned per week (estimate): $

Tips per week (estimate): $

Is pay received for vacation?

☐ Yes ☐ No

# of vacation days per year:

Is pay likely to increase in the next 12 months?

☐ Yes ☐ No

Date of next pay increase:

Date of last pay increase:

Probability of continued employment

☐ High ☐ Low ☐ Don't Know

Authorized Signature of Employer:

Name: Date:

Title: Phone: