

COUNTY OF NAPA
HOUSING AND INTERGOVERNMENTAL AFFAIRS

VERIFICATION OF EMPLOYMENT

Applicant's Name: _____
Employee's Name: _____
Name of Employer: _____ Phone Number: _____
Address of Employer: _____

The individual named above is an applicant for proximity housing homebuyers' assistance. The Program requires that we verify the applicant's income, and other information related to eligibility. As we are required to complete our verification process in a short time period, your prompt response would be much appreciated. A signed certification and authorization to release information is attached. Please feel free to contact our Housing Fund staff at (707) 253-4825 with any questions.

TO BE COMPLETED BY AUTHORIZED OFFICIAL

1. Dates of Employment: From _____ To _____
2. Position/Occupation _____
3. Business Address _____
4. Address of Employee's Work Location: _____
5. Current Rate of regular pay \$ _____ Per _____ (per hour, week, month, etc)
6. Number of hours per week employee normally works _____
7. Anticipated average amount of overtime per week \$ _____
8. Anticipated tips, commission, bonuses, etc. \$ _____
9. Gross annual earnings you anticipate for this employee for the next twelve months \$ _____
(Gross amount including regular pay, overtime, tips, bonuses, commissions, etc.)
9. Do you anticipate any change in the employee's rate of pay in the near future? () Yes () No
If yes, revised rate \$ _____ Effective Date _____
10. Do you anticipate any change in the number of hours the employee works? () Yes () No
(If yes, explain below under Additional Comments)
11. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

Additional Comments: _____

I certify that the preceding information is true and correct.

Signature Print Name & Title of Authorized Official Date Telephone Number

Please return form to: County of Napa, Affordable Housing
1195 Third Street, Suite 310
Napa, CA 94559
proximityhousing@countyofnapa.org

