



County of Napa
Proximity Housing Program
Verification of Employment Form

A Tradition of Stewardship
 A Commitment to Service

County Executive Office

Housing & Homeless Services
 2751 Napa Valley Corporate Dr.
 Building B
 Napa, CA 94558
 www.countyofnapa.org

Main: (707) 253-4422

The individual named below 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 program staff at (707) 253-4422 or proximityhousing@countyofnapa.org with any questions.

Applicant's Name: _____

TO BE COMPLETED BY AUTHORIZED OFFICIAL

1. Dates of Employment: From: _____ To: _____

2. Position/Occupation: _____

3. Business Address: _____
 Street City State Zip Code

4. Address of Employee's Work Location: _____
 Street City State Zip Code

5. Current Rate of regular pay \$ _____ Per: Hour Week Month

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.) \$ _____

10. Do you anticipate any change in the employee's rate of pay in the near future? Yes No
 If yes, Revised Rate \$ _____ Effective Date _____

11. Do you anticipate any change in the number of hours the employee works? Yes No
 If yes, explain below under Additional Comments

12. 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.
 Print Name of Authorized Official

Signature of Authorized Official Title of Authorized Official Date Telephone No.

Please submit form to Housing and Homeless Services, ATTN: Proximity Housing Program via email proximityhousing@countyofnapa.org or at the address listed above.