

**Government of the District of Columbia  
D.C. Department of Housing and Community Development  
Request for Verification of Employment**

**SECTION A: APPLICANT'S INFORMATION AND CONSENT**

First Name:	Middle Name:	Last Name:
Current Residential Address:		
Address of Unit I Am Applying For:		
I hereby authorize my employer to provide the requested information as indicated below.		
Signature: _____		Date: _____

**SECTION B: EMPLOYER'S VERIFICATION**

**NOTE TO EMPLOYER:** The applicant identified above is seeking verification of income to establish residency in an Inclusionary Zoning Unit or Affordable Dwelling Unit in the District of Columbia. Your verification of employment is for the confidential use of the DC Department of Housing & Community Development ("DHCD") and/or its Agent. Please furnish the information below and return this form at the email noted below.

Name and Address of Applicant's Employer:		
Physical Address of Employment:		
Position Held:	Initial Start Date:	Probability of Continued Employment:

**Rate of Pay**

Pay frequency (select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	
Pay method (select one): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other	
Regular hourly pay: \$ _____	Average number of regular hours worked per week: _____
Overtime hourly pay: \$ _____	Average number of overtime hours worked per week: _____

Is commission received? (Select one:)  Yes  No  
If yes, describe how much and how often: \_\_\_\_\_

Are bonuses received? (Select one:)  Yes  No  
If yes, describe how much and how often: \_\_\_\_\_

Is other compensation received? (Select one:)  Yes  No  
If yes, describe what type, how much and how often: \_\_\_\_\_

For military service, provide the following monthly amounts:  
Base pay: \$ \_\_\_\_\_ Quarters & subsistence: \$ \_\_\_\_\_ Flight or hazard duty allowance: \$ \_\_\_\_\_

In the future 12 months:

1. When is the next rate of pay increase? \_\_\_\_/\_\_\_\_/\_\_\_\_
2. What will be the new rate of hourly pay? \$ \_\_\_\_\_
3. New rate of overtime pay? \$ \_\_\_\_\_
4. Is overtime expected over the next 12 months? (Circle one:) Yes No
5. If yes, how many overtime hours over the next 12 months total? \_\_\_\_\_ hours
6. What is the estimated gross pay anticipated for this employee over the next 12 months, including base pay, overtime, bonuses & commissions? \$ \_\_\_\_\_

**Signature of Employer**  
The above information is furnished in strict confidence in response to your request and is solely for the use of the Department and/or its agent above.

Printed Name:	Title:	Email:
---------------	--------	--------

Signature:	Date:	Phone:
------------	-------	--------

--	--	--