

**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:		
Name and Address of the Property 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.

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:) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how much and how often: _____	
Are bonuses received? (Select one:) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how much and how often: _____	
Is other compensation received? (Select one:) <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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Signature:	Date:	Phone: