

VERIFICATION OF EMPLOYMENT

**TO: NAME & ADDRESS
OF EMPLOYER**

**FROM: HOUSING AUTHORITY
OF CASS COUNTY
230 8 AVENUE WEST
WEST FARGO ND 58078
(701) 282-3443
FAX (701) 282-4331**

NAME OF APPLICANT: _____

TO BE COMPLETED BY APPLICANT'S EMPLOYER

1. Is applicant employed by you now? Yes _____ No _____

A. If yes, date employment began. _____

B. If no, last day of employment. _____

2. If not now, when will applicant begin employment? _____

3. Present pay is \$ _____ (Gross Amount)

This amount is paid: Gross Annual Pay _____

Gross Monthly Pay _____

Gross Weekly Pay _____

Hourly Rate _____

Other _____

4. Normal hours expected to work per week. _____

5. Overtime earnings expected per month?

6. Is pay received for vacation? _____ Number of days per year _____

7. Position or Job Title: _____

8. Other remarks that may pertain to applicant's employment: _____

DATE: _____

**Signature and Title of Authorized
Official**