

FOUNDATION FOR RURAL HOUSING, INC.

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**REQUEST FOR VERIFICATION OF EMPLOYMENT**

Employee Name: \_\_\_\_\_

I hereby authorize my employer \_\_\_\_\_ to provide verification of my employment to Foundation for Rural Housing, Inc.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Contact Person:	Phone:
Email Address:	Fax:
Mailing Address:	
City:	State: Zip:

\_\_\_\_\_ I have attached my payroll stubs or a copy of my bank statement verifying my employment. If you have done this your Employer does NOT need to complete this form.

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**EMPLOYER TO COMPLETE**

Start date of Employment:	Position:	Rate of Pay:
Average Monthly Gross Income: (include tips)		
How many hours per week does this employee work:	<b>Is this a full time or part time position:</b>	<b>If seasonal when is this expected to end:</b>

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
DATE

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING  
PO BOX 314**

**OREGON, WI 53575**

**FAX: 608-238-2084 or EMAIL: [wrh@wisconsinruralhousing.org](mailto:wrh@wisconsinruralhousing.org)**