

FOUNDATION FOR RURAL HOUSING, INC.

EMPLOYMENT VERIFICATION

Employee Name: _____

Employer Name: _____

I authorize my employer to provide Verification of my Employment to Foundation for Rural Housing, Inc.

Signature of Employee

Date

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

- Your Employer Does NOT need to complete this form if you have already provided your most recent paystub.
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EMPLOYER TO COMPLETE

Employment Start Date:	Position:	Rate of Pay:
Avg. Monthly Gross Income (including tips):	Is this a Full Time or Part Time Position:	If seasonal; when is this expected to end?
How many hours per week does this employee work?	Is there opportunity for advancement?	Will there be any additional compensation we should be aware of(bonus)?

Signature of Employer

Date

Return this form to: Foundation for Rural Housing
P.O. Box 314
Oregon, WI 53575
Fax: 608-238-2084 or Email: wrh2@wisconsinruralhousing.org