



**VERIFICATION OF INCOME FORM**

**APPLICANT: Complete Part I and sign line 3. Give the form to your employer to complete part II.**

**EMPLOYER: Complete Part II of this form and have the applicant return this form to the MPDU Office.**

<b>PART I. APPLICANT INFORMATION (To Be Completed by Applicant)</b>				
1. Applicant Name:				
	Last	First	MI	Phone Number
2. Current Address:				
	Street Address	City	State	Zip Code
3. Authorization:	<p><i>I hereby authorize release of the information requested below for the purpose of determining my eligibility to participate in the Moderately Priced Dwelling Unit (MPDU) Program. Falsification of any item, by any person, will cause my application to become null and void.</i></p>			
	_____			_____
	Signature of Applicant			Date

<b>PART II. SALARY INFORMATION (To Be Completed by Applicant's Employer)</b>						
4. Name of Employer:				Phone number or Email address		
5. Business Address:	Street Address			City	State	Zip Code
6. Employment Physical Location:	Street Address (if same as above write "same")			City	State	Zip Code
7. Position Held by Applicant:	<b>Title</b>				<b>Employment Start Date</b>	
	Weekly Hours	<input type="checkbox"/>	Monthly Hours	<input type="checkbox"/>	End Date Only If Employment is Terminated	
8. Salary Information:	Hourly Rate \$		Monthly Salary \$		Annual Salary \$	Other \$
9. Overtime Information:	Overtime Rate of Pay per Hour \$		Frequency		Overtime Earned in the Last 12 Months \$	
	Is this Overtime Seasonal ? Yes <input type="checkbox"/> No <input type="checkbox"/>			Explain: _____		
10. Acknowledgment: The above information is being furnished in strict confidence, and in response to a request initiated by the above employee.						
_____			_____			_____
Name and Title of the person completing this form			Signature of person completing this form			Date