

AUTHORIZATION: Federal Regulations requires the Community Development Agency to verify Employment Income of all members of a household applying for participation in the 2009 DPA Loan Program. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information is appreciated. A copy of the applicants Authorization of Release of Information is attached.

Name of Employee: _____

Employee Title/Occupation: _____ Employed Since: _____

Average number of hours worked per week: _____

Average number of overtime hours worked per week: _____

Is overtime expected to continue over the next 12 months? Yes No

If yes, average number of hours expected per week: _____

Annual Salary: _____

Base rate of pay: \$_____ per hour per week per month

Overtime rate of pay: \$_____ per hour per week per month

Effective date of last pay increase: _____ Amount of last pay increase: _____

Expected amount & date of next pay increase: _____

Does employee receive bonuses, commission, incentive pay, and/or tips? Yes No

If yes, amount and date of such pay: \$_____

Does the employee have access to a retirement account: Yes No

Value of the account: \$_____

Signature of Authorized Representative

Title

Telephone Number

Date

WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government.