# FOUNDATION FOR RURAL HOUSING, INC.

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.

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: | Is this a full time or part time position: | If seasonal when is this expected to end: |

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*