



Verification of Earnings

Completion required for program participation

Office Use Only
Received Time: _____

Date: _____

Employee Name		
Address		
County		
City	State	Zip Code
Employee Social Security Number		

Employer (Company) Name		
Business Address		
City	State	Zip Code

You are authorized to release the information requested by:

Signature of person holding the job

Date

This section to be filled out by the employer

Employee's name as it appears on your records:		Employee's Title, Position or Work:	
Current Average number of hours per week:	Straight Time:	Overtime Hours (if applicable):	Overtime is paid at the rate of: \$
Current Rate of Pay: Per: \$	Effective Date:	New Rate of Pay: \$	Effective Date:
Amount of Bonus, Incentive Pay, Commission, and/or Tips:	\$	Per:	
If seasonal or sporadic employment, give lay-off periods:			
Does the employee receive any portion of a Federal Earned Income Tax Credit as part of their wages? <input type="checkbox"/> NO <input type="checkbox"/> YES		Per: If yes, how much? \$	
Original Date of Employment:	Date Rehired or Recalled to Work:	Termination Date:	
Firm or Employer Name:		Telephone Number:	
Business Address:	City	County	

I understand that any false pretense, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any Michigan State Housing Development Authority program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

Signature of Employer or Authorized Representative

Date

Title



For assistance with this application, please consult:
Michigan Commission for the Blind (1-800-292-4200)
Michigan Relay Center (1-800-649-3777)