



SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION
 1440 GUERNEVILLE ROAD, SANTA ROSA CA 95403
 (707) 565-7500 FAX (707) 565-7583

EMPLOYMENT AND WAGE VERIFICATION FORM

The following is to be completed by the EMPLOYEE and returned to the Housing Authority.
DO NOT have the employer fill out the bottom portion of this form.
 The Housing Authority will send this form to the employer to complete.

EMPLOYEE NAME _____
 PRINTED NAME

Signature _____ Date _____

SOCIAL SECURITY Number _____

EMPLOYER NAME _____

ADDRESS _____
 STREET ADDRESS CITY ST ZIP

PHONE _____

CONTACT NAME _____

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

The following is to be completed by the EMPLOYER:

DATE OF HIRE _____

WAGE/SALARY RATE \$ _____ PER _____

AVERAGE HOURS PER WEEK _____

PAY DATES (circle one) Weekly Bi-weekly Twice monthly Monthly

OVERTIME RATE \$ _____ PER _____

AVERAGE OVERTIME HOURS PER WEEK _____

COMMISSIONS, BONUSSES, and TIPS MONTHLY _____ YTD _____

YEAR TO DATE TOTAL INCOME _____ EFFECTIVE DATE _____

LAYOFF PERIODS (IF ANTICIPATED) _____

Signature and Title of Employer or Authorized Representative _____ Date _____