



## EMPLOYMENT VERIFICATION FORM 2024

I \_\_\_\_\_, have applied for housing through Habitat's housing program.

**Applicant Name**

I authorize \_\_\_\_\_

**Name of Employer**

to release the information listed below, to assist in the processing of my application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the information below and return it along with the Mini app, to our Family Services Department office at Habitat for Humanity of Forsyth County. All information is confidential.

We would like to process this application as soon as possible and would appreciate your immediate response.

Thank you for your assistance.

Family Services Department

Direct phone number 336.306.8424

1023 W. 14<sup>th</sup> St Winston Salem, NC 27105

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### TO BE COMPLETED BY EMPLOYER

**Applicant's date of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Applicant's position:** \_\_\_\_\_

**Applicant's employment is currently:**

(Circle one) Temporary Permanent (Circle one) Full Time Part Time

**Base pay: Amount per hour: \$** \_\_\_\_\_ **Total Hours worked per Week:** \_\_\_\_\_

**Applicant is paid (circle one):** weekly bi-weekly monthly

**Earnings year to date: \$** \_\_\_\_\_ **Earnings last year: \$** \_\_\_\_\_

**Does this person regularly receive overtime or bonuses? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Company Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Company Phone** \_\_\_\_\_

**Print Name & Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Please return this form along with the Mini application and Landlord Verification Form to:  
**Habitat for Humanity of Forsyth County 1023 W. 14<sup>th</sup> St. Winston Salem, NC 27105,**  
**E-mail:** [jacqueline.torres@habitatforsyth.org](mailto:jacqueline.torres@habitatforsyth.org), **or Fax to 336.765.2398**

**This form is only valid until September 18<sup>th</sup>, 2024.**