

EMPLOYMENT VERIFICATION FORM

SECTION A: APPLICANT

Please fill out Section A then give this form to your employer to complete Sections B and C.

I authorize my employer below to release to SHA any and all information deemed necessary to determine my Household's eligibility to purchase affordable housing pursuant to the Anvil Townhomes Ownership Program.

Employee Name: _____ Employee Title: _____

Employee Signature: _____ Date: _____

SECTION B: EMPLOYER

Please provide the following information for the above listed employee. Then send the completed form to the email at the bottom of the page. Please call 970-880-0278 with any questions.

The below must be completed by an Employer Representative with access to personal records.

Business Name:		
Business Address:		
Employer Phone:		Employer Email:
Date of Hire:	Is employee a seasonal worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Average # of weeks worked per year:
Please check the frequency of pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> 2x/month (24X/ year) <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Current gross pay (per pay period): \$	Rate per hour: \$	Average # of hours per week:
Overtime rate per hour: \$	Average # of overtime hours per week:	
Tips earned per week: \$	Annual bonuses: \$	Commissions earned per week: \$
Additional information (please explain seasonal work cycles and other pertinent information):		
Employee's total gross annual income year-to-date:		# of remaining pay periods this year:

SECTION C: EMPLOYER AUTHORIZED SIGNATURE

Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.

Signature:	Title:
Print Name:	Date:

Employer, please email the completed form to achase@silverton.co.us on or before 11/3/2025. All fields must be legible.