



DENVER
HOUSING STABILITY

Verification of Employment

Denver Affordable Housing Program

201 W. Colfax Avenue #615 - Denver, CO 80202

(Applicant: Fill out the top portion only and give to employer to fill out the lower portion)

Applicant Name: _____

E-Mail: _____

Address: _____

Phone: _____

Employer Name: _____

Address: _____

Release: I hereby authorize the release of the requested information

Signature: _____

Date: _____

TO BE COMPLETED BY EMPLOYER

This information will be used only to determine applicant affordable housing eligibility.

Return to: Denver Department of Housing Stability - Affordable Housing Program

via e-mail to: affordablehousing@denvergov.org

Position Held: _____

Employed From: _____ To: _____

Employee is paid: Weekly Bi-Weekly
 Bi-Monthly Monthly Other

Current rate of gross pay per pay period: _____ \$

Average hours worked per week: _____

Overtime rate per hour: _____ \$

Average hours of overtime per week: _____

Tips per week (estimate): _____ \$

Commissions earned per week (estimate)*: _____ \$

Is pay received for vacation?
 Yes No

of vacation days per year: _____

Is pay likely to increase in the next 12 months?
 Yes No

Date of next pay increase: _____

Date of last pay increase: _____

Probability of continued employment
 High Low Don't Know

** Please attach a detailed explanation of commissions - including:
 How are they calculated? How often are they received?
 Please provide a copy of the commission agreement.*

Authorized Signature of Employer: _____

Name: _____

Date: _____

Title: _____

Phone: _____

Please contact the Denver Department of Housing Stability at 720/913-1634 or via e-mail to affordablehousing@denvergov.org if you have any questions regarding this form.

