

Employment Verification Form Schedule 1

**To be completed for each employed household member age 16 and older
IF 8 straight weeks of most recent pay stubs are not available**

I agree that the information below can be given to **Niagara Regional Housing** to calculate rent based on my gross income. It is required under the terms of my Tenancy/Occupancy Agreement.

Section 1 - To Be Completed by Employee

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	Employee - Last Name, First Name (please print)			Initial
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.				
Home Phone No:		Business Phone No:		Social Insurance No.	
Address – Street Number and Street Name			Apt. No.	City/Province	Postal Code
Employee signature				Date	
				MM	DD
				YY	

Section 2 - To Be Completed by Employer

Please provide information requested for above-named employee and return to the employee

Employer's Company Name			Employee's Position			
Employer's Street Address			City/Province		Postal Code	
Hourly rate of pay:	If hourly, average weekly hours:	If salary, gross weekly pay:	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employment Started		Gross Earnings Year-to-Date:
				MM	DD	
				YY		

Last Eight Weeks of Earnings

Employee Presently Paid: Weekly Bi-Weekly Monthly Bi-Monthly Other _____

Pay Date	Gross Earnings	Additional Income Not Included in the Gross Earnings		
		Gratuities/Tips	Commission	Other Income Benefits/Bonuses
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Name of Employer (Please Print)		Signature of Employer		
Position		Phone number		Date