

# VERIFICATION OF EMPLOYMENT

## EMPLOYEE INFORMATION (To be filled in by occupants)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Badge Number or Employee Number: \_\_\_\_\_

### Authorization

I am now or was employed by you. My signature below authorizes you to release private information to the Community Development Office for the purposes of confirming my yearly income.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER INFORMATION (*To be completed by employer*)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Division or department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ Per:  Hour  Week  Bi-Weekly  Month  Year

If hourly, please indicate average number of hours worked per week: \_\_\_\_\_

Year to Date Earnings: \$ \_\_\_\_\_ Previous Years Earnings: \$ \_\_\_\_\_

Prepared By: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

City of Norwich  
Office of Community Development  
23 Union Street, 2<sup>nd</sup> floor  
Norwich, CT 06360  
Attn: Property Rehab Program  
Fax: 860.823.3715