



Employment Verification Form

I hereby authorize that the information requested below be given to the Housing Corporation office as required under the terms of my Lease.

Name of Employee: _____

Address: _____

Employer's Company Name: _____

Address: _____ Phone number: _____

Signature of tenant _____

Please note – if hourly rate not provided, one pay stub will be required

To be completed by the Employer:

Position of employee: _____

Employee's start date of employment: _____ (if recalled) _____ date

Presently paid by: hourly rate _____

Vacation Pay _____

State average hours per week _____

Gross earnings in past 8 weeks \$ _____ From _____ to _____ (dates)

Gross Earning in past year \$ _____ From _____ to _____ (dates)

Bonus/tips/commissions (Yearly/Monthly/Weekly) _____

Signature of employer: _____

Date: _____

Subsidiary of: / Filiale de :

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du District de Nipissing

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