





**Promise  
Development  
Corporation**

**Promise Development Corporation 262 Chelsea Ave. Suite 101  
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**Employment Verification****

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT**

TO: (Name & Address of Employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant Name Social Security Number Unit No.

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Date of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

Average No. of regular hours per week: \_\_\_\_\_ Year to date earning: N/A through \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

Commissions, Tips, Bonuses: \$ \_\_\_\_\_ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_

\_\_\_\_\_ Effective date of change: \_\_\_\_\_

If the employee is work seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Telephone Number Fax Number E-mail Address

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department of Agency f the United States as to any matter within its jurisdiction.