



119 Van Order Drive, Kingston, ON K7M 1B9 ☎ Fax (613) 546-9375 ☎ Phone (613) 546-5591 www.kfhc.ca

Employment Verification Form

To be completed by each employed tenant or person residing in the premises, and their employer.
I hereby authorize that the information requested below be given to the Housing Corporation as required under the terms of my/our lease.

PART ONE - EMPLOYEE

<input type="radio"/> Mr. Employee - Last Name <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.	First Name	Initial	Home Phone No.	Business Phone No.
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Employee Address: _____

Social Insurance No.	Employee Signature	Date
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✦ *This section to be completed by Employer - The rent charged to Housing Corporation tenants is based in part on their income. Please provide the information requested for the tenant named and return this form to the tenant or fax to 613-546-9375. All information will be treated as confidential. Thank you.*

PART TWO - EMPLOYER

Employer's Company Name	Employee's Position
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Address	City	Postal Code
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Business Phone No.:	Employee Presently Paid by: <input type="radio"/> Weekly <input type="radio"/> Bi-weekly (every 2 weeks) <input type="radio"/> Bi-monthly (twice a month) <input type="radio"/> Monthly <input type="radio"/> Commission	Rate of Pay	Seasonal	If hourly, state average no. of hours/week: <hr style="border: 1px solid black;"/> Vacation pay rate in percentage _____% <input type="radio"/> accrued <input type="radio"/> paid on each cheque <input type="radio"/> none
		Per	<input type="radio"/> Yes <input type="radio"/> No	

Date Employment Started Year Month Day / / /	Date went back to work (if applicable) Year Month Day / / /	Date of Last Raise in Pay Year Month Day / / /	Date Hours Increased (if applicable) Year Month Day / / /
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Income Breakdown	GROSS EARNINGS IN PAST 8 WEEKS		GROSS EARNINGS IN LAST, RECENT 12 MONTHS example... May 1 to April 31,, July 1 to June 30, etc ...	
	From	To	From	To
Basic Salary				
Overtime and Premium, Shift Bonus				
Vacation Pay (if applicable)				
= _____ %				
Commissions, Gratuities				
Yearly Bonus				
Other Benefits				
Total Gross Earnings				

If this is a new job, please indicate the date of the first pay date (pay date, not pay ending):

Signature of Employer	Printed Name of Employer
Position	Date

Employer email address (can we can contact you via e-mail for further information if required?)

If you have any questions, please call us at (613)546-5591. You may fax this completed form to Kingston & Frontenac Housing Corporation at (613)546-9375.