



Loudoun County, Virginia

www.loudoun.gov



Department of Family Services

102 Heritage Way, N.E., Suite 103

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Leesburg, Virginia 20177-7400

(703) 777-0353 • Fax: (703) 737-8411

To Report Child Abuse and Neglect (703) 771-KIDS

AFFORDABLE DWELLING UNIT PROGRAM VERIFICATION OF EMPLOYMENT FORM

ITEMS A – F TO BE COMPLETED BY EMPLOYEE (FILL IN EVERY LINE)

- A. Date of Request: _____
- B. Name of Employer: _____
- C. Name of Applicant: _____
- D. Social Security Number: _____
- E. Address of Applicant: _____
- F. Authorization: I hereby authorize release of the information requested below. I understand that if I give false or incomplete information, it could be perceived as a program violation.

SIGNATURE OF APPLICANT

DATE

ITEMS G – N TO BE COMPLETED BY EMPLOYER (FILL IN EVERY LINE)

- G. Employee Title: _____
- H. Dates of Employment: _____ to _____
- I. Termination Date: _____
- J. Rate of Base Pay: _____
Hourly Monthly Annually
- Number of hours worked per week: _____

