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## AFFORDABLE MARKET PURHCASE PROGRAM (AMPP) VERIFICATION OF EMPLOYMENT FORM

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

A.	B. Name of Employer:  C. Name of Applicant:  D. Social Security Number:  E. Address of Applicant:					
B.						
C.						
D.						
E.						
F.						
SIGN	NATURE OF APPLICANT		DATE			
	ITEMS G – N TO BE C (FILL IN	OMPLETED BY EMPI EVERY LINE)	LOYER			
G.	Employee Title:					
Н.	Dates of Employment:	to				
I.	Termination Date:					
J.	Rate of Base Pay:					
	Hourly	Monthly	Annually			
	Number of hours worked per week: _					

K.	Overtime:					
		Rate of Pay		Hours Worked Per Week		
	Projected overtime:					
	Number of overtime hours worked last month:					
	Number of over	rtime hours worked	last two (2) months: _			
L.	Commission:					
		Current		Projected		
		Past Month		Past Two (2) Months		
M.	How often is en	mployee paid?:				
N.	Year to date gross earnings:					
	The information supplied on this document is furnished in strict confidence, in response to your request.					
	Date		Signature of Em	ployer		
	Phone Number		Title and Office			
	Name and Add	ress of Employer:				