



Region of Waterloo

COMMUNITY SERVICES

Community Housing Access Centre (CHAC)
235 King Street East, 6th Floor, Kitchener, ON N2G 4N5
Phone: (519) 575-4400 Fax: (519) 893-8648
[CHAC E-Mail \(chac@region.waterloo.on.ca\)](mailto:chac@region.waterloo.on.ca)
[CHAC Website \(www.regionofwaterloo.ca/chac\)](http://www.regionofwaterloo.ca/chac)

Employment Verification Form

Please complete a separate form for all household members with employment income.
All information will be treated as confidential.

To be Completed by Employee

Last Name: _____ First Name: _____

Initial: _____ Address: _____ Unit: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone _____ Cell Phone: _____

Social Insurance Number (optional) _____

Employee Signature: _____ Date: _____

To be Completed by Employer

Eligibility for community housing is based on the applicant's gross household income. By signing above, the employee has authorized you to release any and all information regarding their employment and income from your organization. Please provide and/or verify the information requested below.

Employer's Company Name: _____

Business Phone: _____ Employer's Address: _____

City/ Province: _____ Postal Code: _____

Employee's Position: _____ Frequency of Employee Pay: _____

Rate of Employee Pay: _____ per _____ Seasonal? _____ Average Hours per Week: _____

Employee Start Date: _____ Date Employee's most recent pay increase: _____

To be Completed by Employer (continued)

Income Breakdown (**Past 8 weeks**)

Start Date: _____ End Date: _____

Basic Salary:\$ _____

Overtime, Premium, Shift Bonus:\$ _____

Cost of Living Allowance:\$ _____

Commissions, Gratuities, Tips:\$ _____

Yearly Bonus:\$ _____

Other Benefits:\$ _____

Total Gross Earnings: _____

Income Breakdown (**Past year**)

Start Date: _____ End Date: _____

Basic Salary:\$ _____

Overtime, Premium, Shift Bonus:\$ _____

Cost of Living Allowance:\$ _____

Commissions, Gratuities, Tips:\$ _____

Yearly Bonus:\$ _____

Other Benefits:\$ _____

Total Gross Earnings: _____

Form Completed By:

Print Name: _____ Position: _____

Signature: _____ Date: _____