



Region of Waterloo
COMMUNITY SERVICES

COMMUNITY HOUSING ACCESS CENTRE

235 King Street East, 6th Floor, Kitchener, ON N2G 4N5
Phone: (519) 575-4400 Fax: (519) 893-8648
E-Mail: chac@regionofwaterloo.ca
Website: 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: Street Number and Street Name _____
Unit/Apt. No. _____
City _____ Postal Code _____
Home Phone _____
Business Phone _____
Cell Phone _____
Social Insurance Number _____
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 _____
Employer's Business Phone _____
Employer's Address _____
City _____ Postal Code _____
Employee's Position _____
Employee Paid By: _____
 Hour
 Week
 Month
 Other (please state) Current Rate: _____
Per: _____

Seasonal Employment:

Yes No If hourly, average hours per week: _____

Date employment commenced: _____

Date most recent pay increase started (MM/DD/YY): _____

*Please complete both columns.

Income Breakdown	Gross Earnings in Past 8 Weeks From Date: to Date:	Gross Earnings in Past Year From Date: to Date:
Basic Salary	\$	\$
Overtime and Premium, Shift Bonus	\$	\$
Cost of Living Allowance	\$	\$
Commissions, Gratuities, Tips	\$	\$
Yearly Bonus	\$	\$
Other Benefits	\$	\$
Total Gross Earnings	\$	\$

Form completed by (please print name)	
Signature	
Position	Date