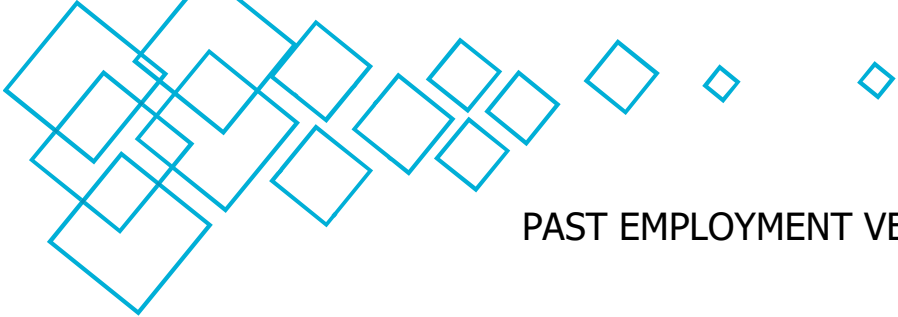




HABITAT CONTACT PERSON:
Theresa Bain, Homeowner Services
PH: 970-488-2605
Email: tbain@fortcollinshabitat.org

PAST EMPLOYMENT VERIFICATION

Date of request: _____

TO: (NAME AND ADDRESS OF EMPLOYER)

REGARDING: (NAME AND ADDRESS OF EMPLOYEE)

I authorize the release of the following information to Fort Collins Habitat for Humanity for use in determining eligibility for the Habitat homeownership program.

Signature of Applicant/Employee _____ Date _____

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Company Name: _____ Type of Business: _____
Applicant's Start Date: _____ End Date: _____
Applicant's Start Position: _____ End Position: _____

Gross Salary/Wage at Termination				Additional Questions
\$ _____ ☐ Annually ☐ Monthly ☐ Weekly ☐ Hourly ☐ Other (Specify): _____				Reason for Leaving
Gross Earnings				
	____/____/20____ Thru ____/____/20____	Past Year 20____	Past Year 20____	Additional Remarks
Base Pay	\$ _____	\$ _____	\$ _____	
Overtime	\$ _____	\$ _____	\$ _____	
Commissions/ Tips	\$ _____	\$ _____	\$ _____	
Bonus	\$ _____	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____	

Employer's Signature _____	Title _____	Date _____
Employer's Printed Name _____	Email Address _____	Phone Number _____

*The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. **The completed form is to be transmitted directly to Fort Collins Habitat for Humanity (email preferred) and is not to be transmitted through the applicant or any other party.***