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___	
Base Pay	$	$	$	Additional Remarks
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****.*