



119 Van Order Drive, Kingston, ON K7M 1B9 ☎ Fax (613) 546-9375 ☎ Phone (613) 546-5591 [www.kfhc.ca](http://www.kfhc.ca)

## Employment Verification Form

To be completed by each employed tenant or person residing in the premises, and their employer.  
I hereby authorize that the information requested below be given to the Housing Corporation as required under the terms of my/our lease.

### PART ONE - EMPLOYEE

|   |            |         |                |                    |
|---|------------|---------|----------------|--------------------|
| <input type="radio"/> Mr. Employee - Last Name<br><input type="radio"/> Mrs.<br><input type="radio"/> Miss<br><input type="radio"/> Ms. | First Name | Initial | Home Phone No. | Business Phone No. |
|---|------------|---------|----------------|--------------------|

Employee Address: \_\_\_\_\_

|                      |                    |      |
|----------------------|--------------------|------|
| Social Insurance No. | Employee Signature | Date |
|----------------------|--------------------|------|

✦ *This section to be completed by Employer - The rent charged to Housing Corporation tenants is based in part on their income. Please provide the information requested for the tenant named and return this form to the tenant or fax to 613-546-9375. All information will be treated as confidential. Thank you.*

### PART TWO - EMPLOYER

|                         |                     |
|-------------------------|---------------------|
| Employer's Company Name | Employee's Position |
|-------------------------|---------------------|

|         |      |             |
|---------|------|-------------|
| Address | City | Postal Code |
|---------|------|-------------|

|                     |  |                        |   |  |
|---------------------|--|------------------------|---|--|
| Business Phone No.: | <b>Employee Presently Paid by:</b><br><input type="radio"/> Weekly<br><input type="radio"/> Bi-weekly (every 2 weeks)<br><input type="radio"/> Bi-monthly (twice a month)<br><input type="radio"/> Monthly<br><input type="radio"/> Commission | Rate of Pay<br><br>Per | Seasonal<br><br><input type="radio"/> Yes<br><br><input type="radio"/> No | <b>If hourly, state average no. of hours/week:</b><br><br><hr/> Vacation pay rate in percentage _____%<br><br><input type="radio"/> accrued <input type="radio"/> paid on each cheque <input type="radio"/> none |
|---------------------|--|------------------------|---|--|

|   |  |   |  |
|---|--|---|--|
| <b>Date Employment Started</b><br>Year    Month    Day<br>/    /    / | <b>Date went back to work (if applicable)</b><br>Year    Month    Day<br>/    /    / | <b>Date of Last Raise in Pay</b><br>Year    Month    Day<br>/    /    / | <b>Date Hours Increased (if applicable)</b><br>Year    Month    Day<br>/    /    / |
|---|--|---|--|

| Income Breakdown                  | GROSS EARNINGS IN PAST 8 WEEKS |    | GROSS EARNINGS IN LAST, RECENT 12 MONTHS<br>example... May 1 to April 31,, July 1 to June 30, etc ... |    |
|-----------------------------------|--------------------------------|----|---|----|
|                                   | From                           | To | From  | To |
| Basic Salary                      |                                |    |   |    |
| Overtime and Premium, Shift Bonus |                                |    |   |    |
| Vacation Pay (if applicable)      |                                |    |   |    |
| = _____ %                         |                                |    |   |    |
| Commissions, Gratuities           |                                |    |   |    |
| Yearly Bonus                      |                                |    |   |    |
| Other Benefits                    |                                |    |   |    |
| <b>Total Gross Earnings</b>       |                                |    |   |    |

If this is a new job, please indicate the date of the first pay date (pay date, not pay ending):

|                       |                          |
|-----------------------|--------------------------|
| Signature of Employer | Printed Name of Employer |
| Position              | Date                     |

**Employer email address (can we can contact you via e-mail for further information if required?)**

**If you have any questions, please call us at (613)546-5591. You may fax this completed form to Kingston & Frontenac Housing Corporation at (613)546-9375.**