



Greeley-Weld Habitat for Humanity
2080 Greeley Mall St, Greeley, CO 80631
Lizette Pomaes
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(970) 351-6766 Office (970) 351-7696 Fax

EMPLOYMENT VERIFICATION FORM (to be signed and taken to your employer)

Agreement to Release Information - To Be Completed by Applicant

I, (household member name) _____ authorize Greeley-Weld Habitat for Humanity to obtain any information necessary to determine my eligibility for housing assistance.

My employer, (company/employer name) _____ can be reached at (telephone #) _____

Applicant/Employee Signature

Date of Birth

Date

(please print your name) has applied to Greeley-Weld Habitat for Humanity, for a loan. The Greeley-Weld Habitat for Humanity program is designed to serve low-income families who are often unable to qualify for a conventional loan. Greeley-Weld Habitat for Humanity is a non-profit, non-denominational Christian housing ministry dedicated to eliminating poverty housing in the Greeley area by partnering with qualified families to provide an affordable home-buying solution; our solution is simple, decent, affordable homes built primarily by volunteers and funded by foundations, government grants, individual donors, in-kind donations, and ReStore revenue. Thank you in advance for your time, cooperation, and assistance.

To Be Completed by Employer

Company/Employer Name: _____

Company Address: _____

Employee's Current Position/Title: _____ Date Employment Began _____

Gross earnings for 2 Most Recent pay periods:

Pay Period #1: Date: _____ thru _____ Pay Date: _____ Gross Amount: \$ _____

Pay Period #2: Date: _____ thru _____ Pay Date: _____ Gross Amount: \$ _____

\$ _____ \$ _____ \$ _____ \$ _____

Total YTD GROSS Amount YTD Amount of Overtime YTD Other Income Date of YTD Amounts

Average Number of Regular Hours Worked Per Week: _____ Regular Rate of Pay: \$ _____ per _____

Average Number of Overtime Hours Worked Per Week: _____ Overtime Rate of Pay: \$ _____ per _____

Pay Periods are (check one): _____ Weekly _____ Bi-Weekly _____ Monthly _____ Bi-Monthly

Other Income: Commissions, Tips, or Bonuses: \$ _____ per _____

Is Employee's Work (check those that apply): Seasonal _____ Agricultural _____ Sporadic _____ Lay off Period _____

Additional Comments: _____

The above information was completed by: _____

Printed Name

X _____ Signature of Employer/Authorized Representative

_____ Date

_____ Title

_____ Telephone Number

ZERO INCOME CERTIFICATION

Homeowners who state they have zero income must review and sign this form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

Income includes but is not limited to:

- Wages from employment (including commissions, tips, bonuses, fees, etc)
- Income from operation of a business
- Rental income from real or personal property
- Unemployment or disability payments;
- Public assistance payments;
- Period allowances such as alimony, child support, or gifts received from persons not living in the household;
- Social Security payments, annuities, insurance policies, retirement funds, pension, or death benefits;
- Veteran's benefits;
- Supplemental Security Income;

I certify that I do not currently receive individual income, including but not limited to the income sources listed above.

I have not received income for the period _____ through _____,
and I do not expect a change in my financial or employment status in the next 12 months.

Signature: _____ Date: _____

Printed Name: _____



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Tenant Reference Letter (To be completed by the landlord and submitted directly to Habitat.)

Family Name: _____

Address: _____

Family has resided here: from _____ to _____

Term of lease: from _____ to _____

Monthly Rent Payment: _____

Size _____ Bedrooms: _____

Condition: _____

Comments (example, does the family pay rent on time? Are they good tenants?, etc: _____

Form completed by: _____ Date: _____

Telephone: _____

Work Title: _____

Signature: _____