



Employment Verification

Kelly McDermott
Executive Director

Employee Name: _____

Geraldine Bronner
Chairwoman, Tenant Commissioner

Employer's Name: _____

Robert R. Weidenmann
Vice Chairman

Employer's Address: _____

Frank Stellato
Commissioner

Employer's Phone#: _____ **Fax#:** _____

Nick Lombardi
Commissioner

Contact Person's Name: _____

Jim Loughlin
Commissioner

Presently Employed: Yes No

Hire Date: _____

Last Day of Employment: _____

Hourly Rate: _____

Average Hours of Work per week: _____

Pay Frequency: (Circle One)

Weekly

Bi-Weekly

Monthly

Per Diem

If per Diem Average of Hours worker during the last 30 Days _____

(Must be signed by the employer) Title and Name

Signature

Date

Warning: Title 18, Section 101 of the US Code, States that a person is guilty of a felony for knowingly and willingly making false or Fraudulent statements to any department of the agency of the United States.

