



**SOCIAL SERVICES-HOUSING**  
 220 Colborne Street (Office)  
 P.O. Box 845, Brantford, ON N3T 5R7  
 Phone (519) 759-3330 Fax: (519) 759-1932

**EMPLOYMENT VERIFICATION (FORM 1)**

To Be Completed By Each Employed Tenant or Person Residing in the Premises.  
 I Hereby Authorize That the Information Requested Below Be Given to the Housing  
 Department As Required Under The Terms of My/Our Lease.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Employee - Last Name	First Name	Initial	Home Phone No.	Business Phone No.
	Address - Street Number and Street Name		Unit / Apt. No.	City	Postal Code
Social Insurance No.		Employee Signature		Date	

To Be Completed by Employer - The Rent Charged to Housing Department Tenants  
 Is Based in Part on Their Income. Please Provide the Information Requested for the  
 Tenant Named and Return this Form to the Tenant. All information will be Treated as  
 Confidential.

Employer's Company Name		Employee's Position	
Address		City	Postal Code
Business Phone No.	Employee Presently Paid By <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Bi-weekly	Rate Per	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No
		If Hourly, State Aver. No. of Hours/Weekly	Date Employment Commenced Y   M   D

Income Breakdown	Gross Earning in Past 8 Weeks		Gross Earnings in Past Year		For Housing Department Use Only
	From	To	From	To	
Basic Salary					
Overtime and Premium, Shift Bonus					
Cost of Living Allowance					
Commissions, Gratuities					
Yearly Bonus					
Other Benefits					
<b>Total Gross Earnings</b>					
Signature of Employer	Position	Date	To be Completed by Housing Department		Date

**Notes/Comments:**

---



---



---



---



---



---



---



---



---



---