**(The use of white out, black out, or alteration of original information will void this document.)**

|  |  |
| --- | --- |
| **Property Name:** | **IFA Project #:** |
| **Applicant/Tenant Name:** | **BIN and/or Unit #:** |

|  |  |
| --- | --- |
| Initial Certification | Expected Move in Date: |
| Recertification | Effective Date: |

Employer Name: Job Title:

Presently Employed: Yes  Date First Employed:

No  Last Day of Employment:

Current Wages (check one) Hourly Salary: $

Pay Frequency: weekly bi-weekly semi-monthly monthly yearly

Number of regular hours scheduled per week:       **Total annual anticipated gross earnings**: $

Overtime Rate: $ per hour Average number of overtime hours per week:

Shift Differential Rate: $ per hour Average number of shift differential hours per week: \_\_\_\_\_\_

Commissions, bonuses, tips, other: $\_\_\_\_\_

Frequency: hourly weekly  bi-weekly  semi-monthly  monthly  yearly  other

List any anticipated change rate of pay within the next 12 months:

Is your employment seasonal or sporadic, please indicate the layoff period(s):

Are you eligible for unemployment during the layoff period? NO YES

Do you have access to your 401K, 403b or other retirement account (i.e., IPERS)? NO YES

|  |  |  |
| --- | --- | --- |
| Applicant/Tenant Signature |  | Date |

**Subscribed and sworn to me this \_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_**

**Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Seal)

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.