



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
Affordable Housing Program

AAA-XXXX
02/10/2023

Employment Verification Form

Name of Development: \_\_\_\_\_

Employers Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Last 4 digits of SS#: \_\_\_\_\_

\*\*PLEASE RETURN THIS FORM BY E-MAIL WITHIN 5-7 DAYS\*\*
\*DO NOT ALLOW EMPLOYEE TO HAND CARRY\*

Please email back to:
affordablehousing@co.slo.ca.us

I, \_\_\_\_\_, hereby grant my permission for release of any income information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Employer:

We are governed by the County to verify income of program participants. All information you furnish will be kept in strict confidence. Your prompt response is greatly appreciated.

MUST BE COMPLETED BY THE EMPLOYER PAYROLL/HR DEPARTMENT -

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Is termination temporary? No [ ] Yes [ ] If yes, return or rehire date \_\_\_\_\_

Gross rate of pay \$ \_\_\_\_\_ per Hour [ ] Week [ ] Month [ ] (please check one)

(Hourly) hours worked per week \_\_\_\_\_ \*weeks worked per year: \_\_\_\_\_

Does employee work overtime: No [ ] Yes [ ] Please list overtime wages: \_\_\_\_\_

How many overtime hours per week: \_\_\_\_\_ Per Year: \_\_\_\_\_

Anticipated pay increase: Amount: \$ \_\_\_\_\_ Date Effective: \_\_\_\_\_

Is work Permanent [ ] or Seasonal [ ]? Paid Vacations No [ ] Yes [ ] # \_\_\_\_\_ weeks if yes.

Year to Date Earnings \$ \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Wages paid during the last 12 months \$ \_\_\_\_\_

Amount of Bonus/Tips/Commissions \$ \_\_\_\_\_

Is this person in a Job Training Program No [ ] Yes [ ] If yes, please provide a copy of the contract.



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Program**

AAA-XXXX  
02/10/2023

Print Name of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

If you have any questions in completing this form, please contact:

[affordablehousing@co.slo.ca.us](mailto:affordablehousing@co.slo.ca.us)

\*\*\*\*\*THANK YOU FOR YOUR COOPERATION\*\*\*\*\*

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisonment for not more than five years or both.**