



EMPLOYMENT INCOME VERIFICATION (FORM 1)

Please request your employer to fill out this form and return it to York Region. If more than one form is needed, please contact this office.

I _____ living at _____, authorize that the information requested below be given to York Region as required under the terms of my lease.

★ *Please note that York Region reserves the right to contact the employer noted below to confirm the details contained this declaration.*

Tenant Signature

Date

ALL INFORMATION WILL BE TREATED AS “CONFIDENTIAL”

Employer: _____			
Address: _____			
Phone: _____			
Nature of Business: _____		Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hourly, state average number of hours per week (average of last 8 weeks) _____			
Date Employment Commenced _____		Hourly Rate of Pay \$ _____	
Gross Earnings in Past Year		Gross Earnings in Past 8 Weeks <input type="checkbox"/> OR 2 Months <input type="checkbox"/> <i>(Please check one)</i>	
Over time & shift bonus	\$ _____	Over time & shift bonus	\$ _____
Commissions	\$ _____	Commissions	\$ _____
Yearly bonus	\$ _____	Yearly bonus	\$ _____
Other (e.g. car allowance)	\$ _____	Other (e.g. car allowance)	\$ _____
Total Gross Earnings	\$ _____	Total Gross Earnings	\$ _____
_____ <i>Employer's Signature</i>		_____ <i>Title</i>	
_____ <i>Date</i>			
Date Received by Housing Provider: _____ Checked By: _____			