



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				
<i>If hourly, state average number of hours per week (average of last 8 weeks)</i>						
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	\$			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>Employer's Signature</i></td> <td style="width: 20%; border: none;"><i>Title</i></td> <td style="width: 30%; border: none;"><i>Date</i></td> </tr> </table>				<i>Employer's Signature</i>	<i>Title</i>	<i>Date</i>
<i>Employer's Signature</i>	<i>Title</i>	<i>Date</i>				
Date Received by Housing Provider: _____ Checked By: _____						