



City of Falls Church Department of Housing & Human Services
AFFORDABLE DWELLING UNIT (ADU) RENTAL PROGRAM
VERIFICATION OF EMPLOYMENT FORM

300 Park Avenue 102W, Falls Church, VA 22046

Office Hours: 8am - 5pm; Monday - Friday

Tel: 703-248-5005, TTY 711 Fax: 703-248-5149

Email: HHSInfo@FallsChurchVA.gov Website: www.fallschurchva.gov/HHS



This program requires us to verify Employment Income of all members of the household applying for participation in the ADU program. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status for the household.

Release: I _____, authorize Housing & Human Services for the City of Falls Church to obtain the information below about me and my household that is pertinent to eligibility for participation in the ADU Program.

Signature

Date

EMPLOYER INFORMATION (To Be Completed By Employer)

Company Name:

Company Address:

Employed Since:

Occupation:

Annual Gross Salary:

Effective Date of Last Pay Increase:

Base Gross Pay Rate:

Please only complete this section if the employee is eligible for any additional earnings beyond an annual salary (listed above).

\$ /hour; or \$ /week; or \$ /month

Average hours per week at base pay rate: hours Number of weeks worked per year: _____

Overtime pay rate (if applicable):\$ Expected number of overtime hours in the next 12 months (if applicable): _____

Any other compensation not include above (specify for commissions, bonuses, tips etc.):

Type: \$ per

Total base pay earnings for the last 12 Months: Total overtime earnings for the past 12 months: _____

Probability and expected date of any pay increase: _____

Is pay received for vacation? Yes No If yes, then number of days per year: _____

Does the employee have acces to a retirement account? Yes No If yes, what amount can they access? _____

Signature

Printed Name

Date

Title

Phone Number