



Housing Department  
Community Services Group, City of Kingston

**Employment Verification**

**NOTE: One form is to be completed by each employed household member.**

I hereby authorize that the information requested below be given to the Social Housing Registry Program as required under my Part "B" application for rent-geared-to-income assistance. I hereby authorize the Social Housing Registry Program to contact my employer to verify the information provided herein, if required.

**PART ONE - EMPLOYEE**

|                      |                    |         |                |                    |
|----------------------|--------------------|---------|----------------|--------------------|
| Employee - Last Name | First Name         | Initial | Home Phone No. | Business Phone No. |
| Employee Address:    |                    |         |                |                    |
| Social Insurance No. | Employee Signature |         | Date           |                    |

★ **To be completed by Employer - The rent charged to tenants is based on their income. Please provide the information requested for the person named and return this form to the above-named employee or the Social Housing Registry Program directly. All information will be treated as confidential.**

**PART TWO - EMPLOYER**

|  |   |  |  |  |
|--|---|--|--|--|
| Employer's Company Name  |   | Employee's Position                                |  |  |
| Address  |   | City   | Postal Code  |  |
| Business Phone No.   | Employee Presently Paid by:<br>o Hr. o Mo.<br>o Wk. o Yr.   | Rate<br>Per  | Seasonal<br>o Yes<br>o No  | If hourly, state average no. of hours/week |
| Date Employment Started<br>Year Month Day<br>/ /               | Date Returned to Work (if applicable)<br>Year Month Day<br>/ /  | Date of Last Raise in Pay<br>Year Month Day<br>/ / | Date Hours Increased (if applicable)<br>Year Month Day<br>/ /  |  |
| <b>Income Breakdown</b>  | <b>Please report on gross earnings received in the past 8 calendar weeks by the above-named employee.</b> |  | <b>GROSS EARNINGS IN THE LAST, MOST RECENT 12 MONTHS...i.e. May to May, August to August, etc...</b> |  |
|  | <b>For Past 8 week Pay Period worked:</b><br>From To  |  | <b>For past 12 month Pay Period worked:</b><br>From To   |  |
| Basic Salary   |   |  |  |  |
| Overtime and Premium, Shift Bonus                              |   |  |  |  |
| Vacation Pay (if applicable)<br>= _____ %<br>of gross earnings |   |  |  |  |
| Commissions, Gratuities  |   |  |  |  |
| Yearly Bonus   |   |  |  |  |
| Other Benefits   |   |  |  |  |
| <b>Total Gross Earnings</b>                                    |   |  |  |  |
| Signature of Employer  | Printed Name of Employer  |  |  |  |
| Position   | Date  |  |  |  |

**Notice with Respect to the Collection of Personal Information**

Personal information as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses, and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry Program pursuant to the *Housing Services Act, 2011*, the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c. F31) or the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 C.m. 56) and will be used to determine eligibility for rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Questions about this collection should be directed to the Manager of the Social Housing Registry Program at the above address or phone number.