



# Proof of Employment by a Qualified Employer Form

**\*\* All fields in this form are required \*\***

Name of housing applicant \_\_\_\_\_

Annual average number of hours worked per week for this employer \_\_\_\_\_

Start date of employment with this employer \_\_\_\_\_

Name of Business \_\_\_\_\_ Are you self- employed? \_\_\_\_\_

Physical Address of Business

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code)

Employer's Business License # \_\_\_\_\_

Contact Info for Employer

Name of Business Owner/Manager \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Please submit this completed form and 2 recent paystubs from this employer in the online application

This form can be filled in electronically using Adobe reader – open using Adobe, click the Fill & Sign tool, add text as needed. Save changes and submit in the online application where appropriate. Use as many forms as needed for all occupants.

## Purpose of this Form

Your personal information is collected for the following purposes:

- determine eligibility,
- assess housing need, and
- determine the housing that suit your needs.

This form collects personal information in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*