

**VERIFICATION OF INCOME
CONFIDENTIAL**

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

**This information is being collected under the authority of the Housing Corporation Act for the purposes of determining eligibility and may be used for statistical purposes. For further information regarding collection of information please contact the ATIPP Co-ordinator, Yukon Housing Corporation, PO Box 2703, Whitehorse, Yukon, Y1A 2C6 (867) 667-8493.*

TO: Yukon Housing Corporation

Date: _____

Employee's Name _____

Employee's Address _____

Name of Employer: _____

Immediate Supervisor: _____

Date Employment Commenced: _____

Present Position Title _____

Gross Earning for Previous Year: \$ _____

Present Regular Salary or Wage Rate \$ _____

Full-Time Part-Time Seasonal Term Other

(Please specify)

Number of Hours Per Week _____ Number of Weeks Per Year _____

Details of additional earnings from overtime work, bonuses, commissions etc. (state whether or not included in above wage) _____

Other Remarks: _____

Prospects of Continued Employment: _____

Signature of Employer Personnel (Certify that the above information is true and correct)

Signature: _____ Title _____

Print Name: _____ Contact No. _____