

WAGE VERIFICATION FORM

Date: _____

I _____, authorize _____, to verify my employment.

This letter is to certify that _____ is/was employed with _____.

His/Her dates of employment are/were _____ to _____.

He/She earn/earned \$ _____ per week/month (please circle) and is/was paid weekly/bi-weekly/monthly (please circle).

Signature (Consumer)

Date

Signature (Employer)

Date

Note: This form must be accompanied by a business card or documentation from the employer.

Please fax this form back to 713-970-4440 ASAP!