

YUKON HOUSING CORPORATION VERIFICATION OF EMPLOYMENT

CONFIDENTIAL

To be completed and signed by your employer			
Name of employer			
Employee's name			
Employee's address			
Date employment commenced		Present position title	
Gross earning for previous year		Present regular salary or wage rate	
☐ Permanent ☐ Term ☐ Other:		☐ Full-time ☐ Part-time ☐ Seasonal	
Employee on probation?	Number of hours worked per	week	Number of weeks worked per year
Details of additional earnings: overtime work, bonuses, commissions etc. (state whether or not included in above wage):			
Other remarks:			
Prospects of continued employment:			
Employer signature certifying that the above information is true and correct:			
Signature:		Title:	
Print name:		Date:	
Contact number:			

Your personal information is being collected for the purpose of determining eligibility for funding from the Yukon Housing Corporation per the terms of the specific funding program. Information collected on this form will be managed in accordance with the *Access to Information and Protection of Privacy Act* (ATIPP) For further information regarding collection of information, please contact the Yukon Housing Corporation ATIPP Coordinator at 867-667-8773, Box 2703, Whitehorse, Yukon YIA 2C6.