**Arundel Community Development Services, Inc.**
**REQUEST FOR WAGE VERIFICATION/SPECIAL LOANS PROGRAMS**

| **Anne Arundel MPDU Program** | Case Number | Date |
|---|---|---|

TO: Employer's Name & Address

Department of Labor
1100 N. Eutaw Street
Room # 206
Baltimore, MD 21201

FROM: Applicant's Name & Address

I have applied for the Moderately Priced Dwelling Unit Program administered by Arundel Community Development Services, Inc. and have given your name as an employment reference. I authorize you to furnish any information requested. Please complete the bottom portion of this request and return directly to the address below:

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.
2666 Riva Road, Suite 210
Annapolis, MD 21401

Thank you for your cooperation and assistance,

_____

Applicant's Signature Applicant's Social Security Number

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***To be completed by employer:***

Dates of Employment: From _____ To _____

Title or Position of employee: _____

Base pay:_____per _____week; _____bi-week; _____month.
Other earnings during the last 12 months: _____overtime _____bonus
_____commissions _____profit sharing
Earnings last calendar year:_____base pay; _____other earnings.
Earnings year to date: _____base pay; _____other earnings.
Other pay or compensation not specified above:_____

IF APPLICANT IS NO LONGER EMPLOYED BY YOU:

Reason for leaving _____
Would you rehire? _____Yes, _____No Comment: _____

IF APPLICANT IS PRESENTLY EMPLOYED BY YOU:

Probability of continued employment: _____
Probability of pay increase: _____
Stability - is position normally subject to layoffs?:_____
If yes, what is the average number of months worked per year?_____
Comments: _____

_____ _____ _____
Signature Title Date