



Oshawa Valley Park Co-operative Housing

EMPLOYER VERIFICATION OF INCOME CONFIDENTIAL

Name of Employee: _____

Social Insurance Number: _____

Name of Employer: _____

Business Address: _____

Employers Phone Number: _____

Employee's Position: _____

Name of Supervisor: _____

Date of Employment or Re-employment: _____

I, _____, declare that _____

_____ has been employed by the above noted business for a period
of _____ months/years and that his/her current wage is \$ _____ per
week/month/year.

Witness:)
)
) _____
)
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