Housing Authority

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HOUSING ASSISTANCE PROGRAMS STAFF LIST

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EQUAL HOUSING OPPORTUNITY

HOUSING ASSISTANCE PROGRAMS
REQUEST FOR VERIFICATION OF EARNINGS

Date Submitted: February 27, 2014

Regarding: _____ _____
Employee Name Social Security Number

PROGRAM PARTICIPANT:
Please complete the following section, **sign and <u>return to your case manager</u>**.

Employer Name: _____ Phone: _____; Fax: _____

Contact Name (person that can provide the requested info): _____

I authorize my employer to furnish the information requested below.

_____ _____ _____
Tenant/Applicant Signature Date Social Security Number (last 4 digits only)

EMPLOYER:
The United States Housing Act of 1937, as amended, requires us to obtain verification of annual income of families admitted to the Housing Assistance Payments Program for the purpose of determining eligibility.

The above-named person has given your name as an employment reference. Please complete <u>all information</u> below. If this person is no longer employed at your company, please provide the beginning/end dates. Your responses will be kept confidential.

Date employed: _____ Occupation: _____

Basic rate of pay: _____ Hours worked per week: _____ (avg, if varied)

Overtime rate of pay per hour: $ _____ Hours of overtime per week: _____

Commission per week: $ _____ Tips per week: $ _____

Anticipated pay increase per hour $ _____ Date of Increase: _____

If employee no longer works here, please list date of last day of work: _____

This form was completed by:

_____ _____
Name Title

_____ _____/ _____
Company Phone Fax

_____ _____
Signature Date

Employer:
Please mail or fax completed form to the Case Manager at the Boulder County Housing Authority. <u>Please do not return this form to the employee, as we require third-party verifications only</u>. Thank you.