



**To:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**From:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**Re:** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Last 4 Digits of SS # \_\_\_\_\_

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to **annually** verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**The Following Section To Be Completed By Employer:**

Employee Name: \_\_\_\_\_

Presently employed:  **Yes**. Date employed: \_\_\_\_\_  **No**. Last day of employment: \_\_\_\_\_

Is employee eligible for unemployment compensation?  **Yes**  **No** If yes, how long? \_\_\_\_\_ How much? \_\_\_\_\_

Current Wages/Salary: \$\_\_\_\_\_ per:  hour  week  bi-weekly  month  year  other \_\_\_\_\_ Date present rate effective: \_\_\_\_\_

Average # of regular hours worked per week: \_\_\_\_\_ Total anticipated earnings for the next 12 calendar months: \$ \_\_\_\_\_

Overtime rate: \$\_\_\_\_\_ per hour Average # of overtime hours worked per week: \_\_\_\_\_

Total anticipated earnings including overtime, commissions, bonuses, tips and other: \$ \_\_\_\_\_

Commissions, bonuses, tips, other: \$\_\_\_\_\_ per:  hour  week  bi-weekly  month  year  other \_\_\_\_\_

Prior year total earnings including overtime, commissions, bonuses, tips and other: \$ \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Date effective: \_\_\_\_\_

Deductions for medical benefits: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name / Title of Person Supplying Information \_\_\_\_\_

Organization \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

*Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.*

