



**VERIFICATION OF EMPLOYMENT**

**Housing Choice Voucher Program**

**PART I: TO BE COMPLETED BY PARTICIPANT FAMILY**

RE: \_\_\_\_\_ XX-XXX- \_\_\_\_\_  
 Applicant/Participant Last Four of Social Security Number

**TO WHOM IT MAY CONCERN:**

The applicant/participant is applying for housing assistance subsidized through the Department of Housing and Urban Development. Federal regulations require that all income, expenses, preferences and other information related to eligibility must be third-party verified. Please complete this form as it applies to the above named family. Be assured that your reply will be kept confidential. Please provide the requested information within the next 10 days. If you have any questions, please contact:

\_\_\_\_\_ Housing Coordinator Telephone Number \_\_\_\_\_

**RELEASE OF INFORMATION:**

I hereby authorize the release of the information requested below:

_____	_____
Signature of Head of Household	Date
_____	_____
Signature of Family Member (if Adult)	Date

**PART II: TO BE COMPLETED BY EMPLOYER**

Company Name \_\_\_\_\_ Date Employed \_\_\_\_\_

Rate of pay per hour \$ \_\_\_\_\_ other \_\_\_\_\_ \$ \_\_\_\_\_

Avg. hours per week \_\_\_\_\_ Commissions (estimate per week) \$ \_\_\_\_\_

Overtime rate pay per hour \$ \_\_\_\_\_ Avg. overtime hours per week \_\_\_\_\_

Tips (estimate per week) \$ \_\_\_\_\_

**Date of Termination (if applicable)** \_\_\_\_\_ **Date of last check** \_\_\_\_\_

\_\_\_\_\_ Signature of Employer Representative/Title Telephone # Fax #

\_\_\_\_\_ Address Date

Return Form to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

