

EMPLOYMENT VERIFICATION

The person named below is an applicant or recipient of housing assistance under the City of Pensacola’s rental assistance program(s). Federal regulations require that in order for the family to be determined eligible, the family’s income and other related information must be verified. The person named below has authorized your release of the requested information regarding his/her employment. The information provided will be used only for the purpose of determining the family’s eligibility for the program and will be held in confidence.

We are required to complete our verification process in a short time period and would appreciate your prompt response. Please fax the completed form to the City Housing Office at (850) 595-0113. If you have any questions regarding the completion of this form, please call the City Housing Office at (850) 858-0350. Thank you for your cooperation.

CITY OF PENSACOLA, HOUSING OFFICE

THIS SECTION TO BE COMPLETED BY HOUSING CLIENT ONLY.

I, \_\_\_\_\_, hereby grant the City of Pensacola Housing Department permission to make inquiries regarding my income and assets. I understand that this information is for the purpose of determining my eligibility for the City’s rental assistance program(s) and will be kept confidential.

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SS Number: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY. PLEASE COMPLETE ENTIRE SECTION.

Employer Name: \_\_\_\_\_

Employer Address/City/State/Zip: \_\_\_\_\_

Printed Name & Title of Person Completing Form \_\_\_\_\_ Company Phone Number \_\_\_\_\_ Company Fax Number \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

EMPLOYEE INFORMATION:

Date Hired: \_\_\_\_\_ Date Employment Ended (if applicable) \_\_\_\_\_

Title/Position/Occupation: \_\_\_\_\_

Current Rate of Regular Pay \$\_\_\_\_\_ per (check one) \_\_\_ Hour \_\_\_ Day \_\_\_ Week \_\_\_ Month \_\_\_ Other

Estimated number of hours employee works per week: \_\_\_\_\_ Estimated hours of overtime per week: \_\_\_\_\_

If employment is seasonal, list when the season begins: \_\_\_\_\_ and ends: \_\_\_\_\_

<u>DATE PAID</u>	<u>GROSS EARNINGS</u>	<u>NUMBER HRS WORKED</u>	<u>INCENTIVE PAY</u>	<u>TIPS RECEIVE D</u>	<u>FREQUENCY OF PAY</u>	<u>METHOD OF PAYMENT (CHECK ONE)</u>
					___ WEEKLY	___COMPANY CHECK  ___PERSONAL CHECK  ___CASH
					___ BI-WEEKLY	
					___ MONTHLY	
					___ SEMI-MONTHLY	
					___ OTHER	

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

FAX TO 850-595-0113

THIS SECTION FOR OFFICE USE: