



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Employment Verification

The person listed below has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) Homelessness Prevention and Rapid Re-Housing. HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self addressed return envelope within 10 days. The applicant has consented to this release as indicated below

Name of Requesting Organization: _____
Street Address (including city, state, zip): _____

Case Manager Signature: _____ Date: _____
Phone: _____ Fax: _____

Name of Applicant: _____
Social Security #: _____
Street Address (including city, state, zip): _____

Company: _____ Date: _____
Street Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____

All information below this line is to be completed by authorized employer personnel.

Start Date: _____ Termination Date (If applicable): _____

Please Check: Full-time ☐ Part-time ☐ Base Hourly Pay Rate: \$ _____

Average Anticipated Weekly Hours: _____

Is this person likely to get overtime? Yes ☐ No ☐

If yes, Overtime Hourly Pay Rate: \$ _____

Average number of overtime hours expected during the next 12 months: _____

Any other compensation not listed above? (i.e. commission, tips, bonuses, etc.)

For: _____ \$ _____ per: _____

Authorized
Representative Name: _____

Authorized
Representative Signature: _____

Phone #: _____