

EMPLOYMENT VERIFICATION

If your Company utilizes a “Third Party” for your work verification(s) please annotate Name, Company Code, fax and/or Web Site

Employee Name:			
Head of Household Name:			
The employee named above has applied for or is receiving Rental Assistance from Davis Community Housing Authority. The following information is needed to determine rental assistance. Please complete the following information and return to the above address (this information can be faxed). Your assistance in completing this form accurately and timely is greatly appreciated.			
Employee Signature for release:		Date:	
I hereby authorize the release of the following information to Davis Community Housing Authority. (Employee must complete the personal information for the employer)			
Social Security Number:			
Job Title:			
Employer or authorized Representative must fill out the following information. If the information below does not apply, indicate with N/A.			
Company Name:			
Company Address: (City, State, Zip)			
<i>Employer: If Employee completes any of the information below, this form will be null and void. It is very important that this form is not changed in any way. If you have any questions about completing this form, please contact Davis Community Housing Authority at 451-2587.</i>			
Hourly wage	\$	Is employment seasonal?	Yes No
Average weekly hours		Date Employment started	
Overtime wage	\$	Number of months per year	
Amount of raise	\$	Average overtime hours per month	
Average tips per week	\$	Date of raise	
Bonus	\$	How often received? (Monthly, yearly, etc)	
Commission	\$	How often received? (Monthly, Yearly, etc)	
Comments by Employer: (If this is new employment, change of hours or wage, etc.)			
Authorized Signature:			
Printed Name:		Title	
Date completed:		Phone Number	
		Fax Number	