

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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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 _____ (circle one) 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 overtime earnings for the next 12 calendar months: \$ _____

Commissions, bonuses, tips, other: \$ _____ per: hour week bi-weekly month year other _____ (circle one)

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: _____

Does the employee have access to any portion of his/her pension or retirement plan account? Yes No

If yes, indicate the amount that may be withdrawn without retiring or terminating employment: \$ _____

Deductions for medical benefits: \$ _____

Name / Title of Person Supplying Information

Organization

Signature

Date

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.