

FESTUS HOUSING AUTHORITY

1504 Robert Thompson Lane
Festus, MO 63028

Phone: (636) 937-0044
festusha@sbcglobal.net

EMPLOYMENT VERIFICATION

Dear Employer:

Regulations require us to verify the income of applicants and tenants to establish their eligibility and rent for our Rental Assistance Housing Program. The person identified below needs verification of all current income.

Your completion of this form on the back of this page will help us determine whether this family is eligible for our housing program. All information will be held in confidence and will only be used in determining eligibility and rent for the employee's family.

We are required to complete our determination within a specified time; your prompt reply will be appreciated. A return envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely,



Sharon Pickard
Executive Director



Applicant ('s)/ Tenant ('s) authorization to release information.

I hereby grant the Festus Housing Authority permission to make inquiries regarding my income and assets. I understand that this information is for the purpose of determining my eligibility and rent only, and will be kept confidential.

Signed: _____

(OVER)

Please return this form to: **Festus Housing Authority**
1504 Robert Thompson Lane
Festus, MO 63028

Phone (636) 937-0044
Fax (636) 937-7726

Name of Employee _____ Department _____
Social _____ Employee _____

Security No. _____ Phone No. _____
Employee's _____

Address _____
(Our records) (Your records)

Date Employment began _____ If no longer working, last date of work _____

Has employee had any interruptions in employment? _____ If yes, give dates and reasons

Reason for termination _____

Current or last base pay rate \$ _____ per _____ hours per pay period _____

Effective since _____ Year-to-date pay _____

Average number of hours currently worked per week: Straight time _____

Overtime _____ Tips _____

How often paid (wkly, bi-wkly, bi-mon) _____

Amount of tips, bonuses, commission, or incentive pay \$ _____

Any other known employers _____

Does employee receive any other form of compensation from your company (worker's compensation, unemployment benefits, disability, travel allowance, etc.)? No _____ Yes _____ If yes, how much and how frequently? _____

Name of firm _____ Date completed _____

Mailing Address _____ Phone No. _____

Print name and Title

Signature

Please note: This form must be signed by a duly authorized officer and/or marked with an official company stamp.