The Aurora Housing Authority™

EMPLOYMENT VERIFICATION

I hereby authorize the release of the requested information to the Aurora Housing Authority. Income information will be used to determine eligibility and/ or level of benefits. Information obtained under this consent is limited to information that is no older than 12 months.

Applicant/ Participant Name _____ Social Security Number _____

Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER

The person referenced above is an applicant for or recipient of rental assistance subsidized by U.S. Department of Housing and Urban Development. Federal regulations require the verification of all information used in determining eligibility and/ or level of benefits. In order to complete this process we ask your cooperation in providing the information requested below and **promptly return it to the AHA via fax or mail**.

Name of Employer _____ Telephone _____

Street _____ City _____ State _____ Zip _____

Name of Person Completing This Form _____ Title _____

Is person named above currently employed by your firm? ☐ YES ☐ NO If no, provide termination date _____

Dates of employment: From _____ To _____.

Position held: _____ How many months out of the year do you work? _____

Type of Employee: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

How is the employee paid? ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Annually ☐ Semi-Annually

Hourly pay rate: $_____ Current pay rate:$_____ Regularly scheduled hours per week: _____

Average overtime hours per week: _____ Overtime rate per hour **$**_____.

Annual salary: **$**_____ Amount of bonuses, commissions, tips, etc. $_____.

2015 YTD $ _____ . 2016 YTD $ _____

Is any portion of income derived from Title V Older American Community Services Program? ☐ YES ☐ NO
If yes, how much $_____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUD STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Employer Signature _____ Date _____

For AHA Use Only

AHA Representative Signature _____ Verification Date: _____