



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 _____ Fax _____

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 does he/she works? _____

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. \$ _____.

2022 YTD \$ _____ 2023 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: _____

