

# Housing First Program EMPLOYER VERIFICATION FORM

Employee Name: \_\_\_\_\_

**Instructions for Employer:** This is to certify the income received by the above named individual.

**Please return this form to:**

Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**Employee Release: I hereby authorize the release of the following employment information.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer representative to complete this section:**

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_. He/she is paid \$\_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Additional compensation please specify (if any): \_\_\_\_\_

Authorized Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address and Phone: \_\_\_\_\_