



GRAND RAPIDS HOUSING COMMISSION

GRHC use only:
HOH name: _____

REQUEST FOR EMPLOYMENT VERIFICATION

Name: _____ SS/Employee #: _____
Employer: _____ Attn: _____
Address: _____
Phone: _____ Fax #: _____

Federal regulations require we verify the income of all person(s) living in the household. To comply with this requirement your cooperation is needed in supplying the information requested. All information is confidential and used only in determining eligibility for rental assistance.

I hereby authorize you to furnish all requested information to Grand Rapids Housing Commission.

Signature _____ Date _____

Please return to (select your Section 8 Coordinator):

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY ■ PLEASE RETURN TO SECTION 8 COORDINATOR INDICATED ABOVE

Date Employment Started: _____
Worked continuously since this date: __Yes __No * Full time _____ Part Time _____
Funded through Job Training Act; Title V; other government program: ___Yes ___No
If yes, please specify: _____

COMPENSATION DATA: (please base answers on employee's gross wages):

___Salaried ___Hourly ___Commission ___Other
Current gross rate per hour: \$_____ Salaried \$_____ Hourly
Will this rate change in the next 12 months? ___Yes ___No
If so, new amount anticipated: \$_____ Effective Date of Change: _____
For Hourly: Average # of hours worked per week: _____/hrs. per week
Will these hours change in the next 12 months? ___Yes ___No
Does the employee work overtime: ___Yes ___No - Overtime Rate \$_____
Average # of overtime hours worked per month: _____
For Tips/Commission Pay: Any base pay amount: \$_____ per _____
Average Tips/Commission per month: \$_____

Name & Title of person completing form _____ Signature _____
Phone Number _____ Date _____

(S:\Section 8\Read Only\Forms\Section 8 Recert Paperwork\Employment verification)