

**HOUSING AUTHORITY OF THE COUNTY OF DEKALB**

310 North Sixth Street

DeKalb, Illinois 60115

Phone (815) 758-2692 Fax (815) 758-4190

**EMPLOYMENT VERIFICATION**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Employer Phone/Fax)

\_\_\_\_\_  
(Employer Street Address)

\_\_\_\_\_  
(Employer Email)

\_\_\_\_\_  
(Employer City, State, Zip)

Dear Employer:

\_\_\_\_\_, an employee of yours, may be eligible to receive rental assistance from our agency. To ensure we accurately compute their rent portion, we need the following information:

DATE EMPLOYMENT BEGAN: \_\_\_\_\_

HOURLY RATE OF PAY: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

ANTICIPATED OVERTIME: \_\_\_\_\_

OVERTIME FOR THE PAST 12 MONTHS: \_\_\_\_\_

YEAR TO DATE EARNINGS: \_\_\_\_\_

ANTICIPATED SALARY INCREASE: \_\_\_\_\_

APPROX. ANNUAL SALARY: \_\_\_\_\_

TIPS (if applicable): \_\_\_\_\_

FEDERALLY FUNDED WORK STUDY? YES\_\_\_ NO\_\_\_

SEASONAL POSITION? YES\_\_\_ NO\_\_\_

IF YES, HOW MANY WEEKS LAID OFF: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

Signature

Date

Printed Name & Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

This Section to be Completed by Employer

**Your immediate attention to assist your employee is most appreciated. Please complete this form and mail or fax it to our office as soon as possible. Thank you for your consideration!**

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**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I, \_\_\_\_\_, authorize you to furnish the above information to the Housing Authority of the County of DeKalb.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Soc. Sec. Number