



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

EMPLOYMENT VERIFICATION

Please print neatly in black or blue ink.

(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!

HOUSING AUTHORITY OF THE COUNTY OF DEKALB

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