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.

_____ (Employer Name)

_____ (Employer Phone/Fax)

_____ (Employer Street Address)

_____ (Employer Email)

_____ (Employer City, State, Zip)

This Section to be Completed by Employer

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

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

We appreciate your prompt response!

☐ **Chelsea Bemis**
HCV Administrator
815-758-2692 x. 125
cbemis@dekcohousing.com

☐ **Abby Adams [A-L & EHV]**
HCV Case Manager
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☐ **Lexy Moreland [M-Z & VASH]**
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☐ **Katy Kingren**
Rent Specialist & Portability
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☐ **Susan Capps [PH-SPC]**
PH & SPC Case Manager
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dcarr@dekcohousing.com

☐ **Annette Trevino**
Admissions Assistant
815-758-2692 x. 128
atrevino@dekcohousing.com

Attempt #1 _____

Attempt #2 _____

Attempt #3 _____