



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)

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

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
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Attempt #1 _____

Attempt #2 _____

Attempt #3 _____