



Housing Alliance and Community Partnerships

711 North 6th Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

EMPLOYMENT VERIFICATION

(Name and address of employer)

Please return form to:

Housing Alliance & Community
Partnerships
711 N 6th Ave
Pocatello, ID 83201

RE: _____ SSN: _____

I hereby authorize you to release information requested by HACP (below) in order to establish my eligibility for rental assistance. Thank you.

X _____ X _____
Applicant/Participant's Signature Date

PART I – TO BE COMPLETED BY THE EMPLOYER

Original date employment began _____ Date employment ended _____

Date employment began since last layoff _____ Anticipated layoff date _____

Employment is: () Full-time () Part-time () Temporary () Seasonal () Other:

() YES () NO: Are his/her earnings a college work study or subsidized by a government training program? If yes, what is the name of the program? JTPA _____ Other _____ Date CWS/subsidy will end _____

Current Job Title/Position _____ Current average number of days he/she works per week _____

Current (gross) base pay \$ _____ per _____ Effective since _____

Current average number of hours he/she works: Straight time: \$ _____ per _____

Overtime: \$ _____ per _____ Overtime pay rate: \$ _____ per _____

Additional pay for shift differential (if not already included above) \$ _____ per _____

Please estimate: Tips \$ _____ per _____ Commission: \$ _____ per _____ Bonus: \$ _____ per _____

Other: _____

() YES () NO: Do you anticipate a change in the above earnings? If yes, please specify increase or decrease, amount, and the effective date:

Anticipated gross earnings for the next 12 months: \$ _____

Actual gross earnings for the past 12 months or for the period of employment if less than 12 months (please give dates): \$ _____
from _____ to _____

PART II – TO BE COMPLETED BY THE EMPLOYER

I certify that the information above is complete and accurate to the best of my knowledge, and I understand that Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.

X _____ X _____
Signature of Employer or Authorized Representative Phone

X _____ X _____
Title Date

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529