

Business Name and Address:

Head of Household Name:



CLEARWATER HOUSING AUTHORITY

VERIFICATION OF EMPLOYMENT

**TO BE COMPLETED AND RETURNED BY BUSINESS ESTABLISHMENT ONLY.
ONLY MAILED, FAXED or EMAILED FORMS FROM BUSINESS ESTABLISHMENT WILL BE ACCEPTED.
Fax: (727)446-3462 or email: HCVParticipant@clearwaterhousingauth.org.**

*****NO HAND DELIVERED FORMS WILL BE ACCEPTED*****

The information on this form is being collected to verify the accuracy of the information furnished by the above named applicant to determine eligibility and/or ongoing participation under the Section 8 Housing Choicer Voucher Program. The U.S Department of HUD is authorized to ask for this information by the U.S.Housing Act of 1937,(42 U.S.C., 1437) PRIVACY ACT STATEMENT-The information may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory investigators or prosecutors. Please complete the section below. Thank you for your time and assistance.

Authorization for Release of Information

I, _____ do hereby authorize the Clearwater Housing Authority to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete my Application for Participation or for Continued Participation in any of the Housing Assistance payments programs administered by the Clearwater Housing Authority.

Signature Phone

Address Date

HIRING INFORMATION

Job Title: _____ Job Start Date: _____

Hourly Employee **Salaried Employee:**

Hourly Rate: \$ _____ Annual Salary: \$ _____ Avg. Hours/week. _____ Overtime _____

Pay Period: (check one)

() Weekly () Bi-Weekly () Semi-Monthly () Monthly

Weeks worked per year _____ Total Income Last Year \$ _____

***If PRN, Please provide hourly averaged projected work schedule OR 6 - 12 months payroll register**

TERMINATION INFORMATION (If applicable)

Date of Termination _____ Date of Last Check: _____

HIRING/TERMINATION INFORMATION COMPLETED BY:

Printed Name & Title _____ Phone _____

Remarks or Comments: _____

Signature: _____ Date _____