



"Our Mission is to foster the availability of quality affordable housing and supportive services for the Grand County community."
"Equal Housing Opportunity"

Date: March 26, 2013
Mail to: Grand County Housing Authority
Address: P.O. Box 264
Hot Sulphur Springs, CO 80442

RE: **Employment-Income Verification**

SS #: _____

Name

The individual named above is an applicant for The Grand County Housing Authority Down Payment Assistance program. Federal regulations and our program policies require that in order for the family to be eligible, we must verify the family's income and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office at (970)726-4572. Thank you for your cooperation.

James M. Sheehan, Executive Director 726-4572

I, _____, hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER

1. Date of Employment _____ Position/Occupation _____
2. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, etc.). (
3. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, etc.)
4. State the number of hours work per week or annually _____

5. State location of employment (physical address)

- 6. Anticipated average amount of overtime per week. \$ _____
- 7. Gross annual earnings you anticipate for this employee for the next twelve months.
\$ _____ (Gross amount including all tips, bonuses, overtime, commissions)
- 8. Anticipated Tips, Commissions, Bonuses \$ _____
- 9. Do you anticipate any change in the employee's rate of pay in the near future?
Yes ___ No ___ If yes: Revised Rate _____ Effective Date _____
- 10. **Do you anticipate any change in the number of hours the employee works:
Yes ___ No ___ If yes, explain under #18 below.**
- 11. Does this employee receive vacation with pay? Yes ___ No ___
- 12. Does this employee receive sick leave with pay? Yes ___ No ___
- 13. If the employee's work is seasonal or sporadic, indicate lay-off periods. ___

14. Additional Comments:

I certify that the above information is true and correct.

_____	_____
Name of Company Official	Title of Company Official
_____	_____
Company	Signature
_____	_____
Address	Date _____
_____	_____
City, State	Zip Code Telephone Number _____

Note: Please return directly to Grand County Housing Authority

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.