Thomas P. Gordon
County Executive

Alan J. Matas
General Manager

Department of Community Services

SECTION 8 VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY SECTION 8 PARTICIPANT/APPLICANT

Participant/Applicant's Name: _____ SSN:_____- _____

Participant/Applicant's Address: _____

I, _____, hereby authorize _____(Employer) to release the information requested below.

Signature of Section 8 Participant/Applicant _____ Date _____

The individual named above is a Section 8 Participant/Applicant for housing assistance subsidized by the U.S Department of Housing and Urban Development (HUD). HUD regulations require that we verify the family's income, expenses and other information related to eligibility. The above individual has authorized your release of the information requested below. The information you provide is kept in **STRICT CONFIDENCE** and will only be used for program purposes. We are required to complete our verification process in a short time period and would appreciate your prompt response. **THIS INFORMATION CANNOT BE HAND CARRIED TO OUR OFFICE BY THE SECTION 8 PARTICIPANT/APPLICANT. Please fax this form to my attention , fax number 302-395-5591.** If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Participant's Housing Assistant _____ _____Date _____
(Note: Applicants do not have an assigned Housing Assistant until they are deemed eligible for participation)

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Date of hire: _____ Position/Occupation: _____

Date of Termination (if applicable): _____

Current rate of pay $_____ per _____ (hour, week, month, other)

How often is employee paid? _____(weekly, bi-weekly, bi-monthly, monthly, other)

Current rate of overtime pay $_____per_____ (hour, week, month, other)

Number of hours/weeks employee normally works annually _____

Anticipated average amount of overtime _____ (weekly, monthly, annually)

Anticipated tips, commissions, bonuses $_____(weekly, monthly, annually)

Gross annual earnings anticipated including tips, commissions, overtime and bonuses _____

77 Reads Way, New Castle, DE 19720 Phone: 302-395-5600 Fax: 302-395-5591

Do you anticipate any change in the hours employee works? Yes _____ No _____
If yes, please explain under "Additional Comments"

Do you anticipate any change in the employee's rate of pay in the near future? Yes____No___

If yes, what is new rate of pay _____ Effective Date _____

Does employee receive vacation with pay? Yes _____ No _____

Does employee receive sick leave with pay? Yes _____ No _____

If employee's work is seasonal or sporadic, indicate lay off period paid/not paid:

_____

Additional Comments:

_____

_____

_____

_____

_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Name and Address of Company

_____

Name and Title of Company Official certifying above information _____

Signature of Company Official _____ Date _____

Telephone number _____ Fax number _____

A TTY/TDD is also available for hearing impaired individuals at 302-395-5593

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