

Camden County Senate Bill 40 Board Employment Verification for the Housing Voucher Program

Employer Information:

Return Form to:

To: _____
Attn: _____
Addr: _____

Phone: _____
Fax: _____

To: Camden County Senate Bill 40 Board
Attn: _____
Addr: 100 Third Street, Camdenton MO 65020

Phone: _____
Fax: _____

Applicant Name: _____ Social Security #: _____

I hereby authorize the release of my employment information.

Applicant Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Case Manager Signature: _____ Date: _____

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed ___/___/___ Last Day of Employment ___/___/___

Current Wages/Salary: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From ___/___/___ thru ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: ___/___/___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Printed Name of Signatory

Date

Employer [Company] Name and Address

Phone Number

Fax Number

E-mail Address