

**EMPLOYMENT VERIFICATION**

Date: \_\_\_\_\_  
Resident/Applicant Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

**PURPOSE OF DATA COLLECTION**

In order to establish eligibility for admission and continuing occupancy in public housing, Osceola Housing Authority is required by law to verify the income of all applicants prior to admission, and residents on at least an annual basis.

The person identified above has informed us that he or she is now, or has within the last 12 months been employed by your firm. Your cooperation and prompt return of the requested information will allow us to meet this requirement.

All information supplied will be held in strict confidence and used by Osceola Housing Authority only to the extent legally required.

**CONSENT TO RELEASE DATA**

I, \_\_\_\_\_ authorize my employer, \_\_\_\_\_ to release the following information:

**EMPLOYMENT INFORMATION**

Start date: \_\_\_\_\_ To: \_\_\_\_\_  
Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Temp: \_\_\_\_\_ Seasonal: \_\_\_\_\_  
Hours: \_\_\_\_\_ Per: \_\_\_\_\_  
Pay rate: \_\_\_\_\_ Per: \_\_\_\_\_  
Est. Tips: \_\_\_\_\_ Per: \_\_\_\_\_

The actual earnings in the past 12 months (or time of employment, if less than 12 months) is:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Actual earnings: \_\_\_\_\_

**INFORMATION PROVIDER**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact No.: \_\_\_\_\_