



**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN**  
Housing Choice Voucher Program (Section 8)

501 Mohn Street, Steelton, PA 17113 • www.dauphinhousing.org  
717-939-9301 • FAX (717) 939-7947 • admin@dauphinhousing.org

**HOUSING CHOICE VOUCHER VERIFICATION OF EMPLOYMENT**

**THIS SECTION TO BE COMPLETED BY HCV PARTICIPANT/APPLICANT**

Participant/Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant/Applicant's Address: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Employer) to release the information requested below.

Signature of HCV Participant/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER NAMED ABOVE**

**DEAR EMPLOYER,**

The individual named above is a Housing Choice Voucher 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. Importantly, please note that **this information CAN NOT be returned to us by the participant/applicant**. Please fax this form to the attention of the HCV Admin at fax number 717-939-7947. You may also email this form to mlopez@dauphinhousing.org.

If you have any questions, please feel free to contact our office. **Thank you for your cooperation and assistance!**

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 \_\_\_\_\_ hours per (week / month / year)

Anticipated tips, commissions, bonuses \$ \_\_\_\_\_ (weekly / monthly / annually)

**Gross Annual Earnings Anticipated** (including tips, commission, overtime and bonuses): \$ \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Does employee have a Retirement account with your firm/agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the present value of the employee's retirement account? \$ \_\_\_\_\_

If so, does employee have access to his/her retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if this person is employed through a state, federal, or HUD-funded training program? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT 1) I am a principal, manager or HR representative at the place of employment named above, AND THAT 2) all of the info provided above is true and correct to the best of my knowledge.**

Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Name/Title of Representative Completing this Form: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please highlight, circle or otherwise indicate your preferred contact method in case we need to follow up.)*

**Signature of Company Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*PLEASE FAX THIS FORM to 717-939-7947 or EMAIL to mlopez@dauphinhousing.org.**