



Return to:

DEANNA L. WATSON
EXECUTIVE DIRECTOR

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

EMPLOYMENT VERIFICATION

EMPLOYER: _____ EMPLOYEE NAME: _____

ADDRESS: _____ Last 4 SS#: XXX-XX-_____

STATE, CITY ZIP: _____

RELEASE:

I hereby authorize the above named employer to release the information requested below.

Employee Signature: _____ Date: _____

This section to be completed by the employer only:

The above listed employee has applied for, or is receiving, assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of income in determining eligibility or level of assistance. We ask for your cooperation in providing the following information and returning it by faxing to our office at (208) 345-4909

Hire Date _____ Termination Date (if applicable) _____

Occupation/Position _____

Employment is: Permanent Temporary Seasonal Temporary hire last day: _____

Pay Rate \$ _____ Per _____ Overtime Rate \$ _____ per _____

Average number hours worked/anticipated to work per week: Regular _____ Overtime _____

Irregular earnings: Tips \$ _____ per _____ Bonus/Commissions \$ _____ per _____

Actual earnings during past twelve (12) months: \$ _____

Estimated earnings for next 12 months: \$ _____

Notes: _____

Completed by: _____
Name - Please print or type

Signature and Title

Phone Number

Date



BARRIER
FREE