



**Community Assistance**

***Request for Employment Verification***

Applicant/Participant Name: \_\_\_\_\_ SS # \_\_\_\_\_

Applicant/Participant address: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_



I started my job as of: \_\_\_\_\_

I started a new job as of: \_\_\_\_\_

I lost my job as of: \_\_\_\_\_

I received a pay rate increase as of: \_\_\_\_\_

My pay rate is: \_\_\_\_\_ per \_\_\_\_\_ I work \_\_\_\_\_ hours a week

I get paid:    weekly    biweekly    semi-monthly    monthly

Employers' Name: \_\_\_\_\_

Employers' Address: \_\_\_\_\_

\_\_\_\_\_

Employers' Phone Number: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

I, authorize the County of Volusia, Section 8 Housing Choice Voucher Program to request and obtain income information from the source listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I acknowledge that if this request was not submitted within 10 calendar days of change, my assistance may be subject to termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_