



1420 Fuller Ave. SE | Grand Rapids, MI 49507
(616) 235-2600 | www.grhousing.org



GRHC use only:
HOH name:

REQUEST FOR EMPLOYMENT VERIFICATION

Name: _____ SS/Employee #: _____
Employer: _____ Attn: _____
Address: _____
Phone: _____ Fax #: _____

Federal regulations require we verify the income of all person(s) living in the household. To comply with this requirement your cooperation is needed in supplying the information requested. All information is confidential and used only in determining eligibility for rental assistance.

I hereby authorize you to furnish all requested information to Grand Rapids Housing Commission.

Signature Date

Please return to (indicate the name of employee's Section 8 Coordinator):

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY ■ PLEASE RETURN TO SECTION 8 COORDINATOR INDICATED ABOVE

Date Employment Started: _____
Worked continuously since this date: Yes No * Full time _____ Part Time _____
Funded through Job Training Act; Title V; other government program: Yes No
If yes, please specify: _____

COMPENSATION DATA: (please base answers on employee's gross wages):

Salaried Hourly Commission Other
Current gross rate per hour: \$ _____ Salaried \$ _____ Hourly
Will this rate change in the next 12 months? Yes No
If so, new amount anticipated: \$ _____ Effective Date of Change: _____
For Hourly: Average # of hours worked per week: _____ /hrs. per week
Will these hours change in the next 12 months? Yes No
Does the employee work overtime: Yes No - Overtime Rate \$ _____
Average # of overtime hours worked per month: _____
For Tips/Commission Pay: Any base pay amount: \$ _____ per _____
Average Tips/Commission per month: \$ _____

Name & Title of person completing form Signature

Phone Number Date

(S:\Section 8\Read Only\Forms\Section 8 Recert Paperwork\Employment verification)