

Instructions:

The Grand Rapids Housing Commission (GRHC) must verify employment status and income for families receiving assistance under federal law. If official documentation for your employment wages or income is not available, the GRHC will request verification directly from your employer.

Please read and sign the authorization statement allowing your employer to release the requested information to the GRHC on your behalf. Then, fill out your employer's contact information. Once signed, GRHC will forward the form to them to complete the remaining sections.

Applicant or Resident Information							
Name:				Head of Household: <i>(if different)</i>			
Date of Birth:		SSN #:		Phone:		Email:	
Address:							
City:				State:		Zip Code:	

Employer Information									
Employer Name:									
Contact Person:									
Address:				City:		State:		ZIP Code:	
Phone:			Fax:			Email (if available):			

Applicant or Resident Release		
I hereby authorize the release of the requested information to the Grand Rapids Housing Commission.		
 _____	 _____	 _____
<i>Applicant/Resident Signature:</i>	<i>Printed Name:</i>	<i>Date (MM/DD/YYYY)</i>

Applicant/Resident: Do Not Continue!

Page 2 for Employer Only



REASONABLE ACCOMMODATION NOTICE: IF YOU REQUIRE ASSISTANCE OR A REASONABLE ACCOMMODATION TO COMPLETE THIS FORM DUE TO A DISABILITY, PLEASE CONTACT OUR OFFICE AT 616-235-2600. WE ARE COMMITTED TO ENSURING EQUAL ACCESS TO OUR SERVICES AND WILL PROVIDE APPROPRIATE ASSISTANCE TO HELP YOU COMPLETE THIS FORM.

Instructions:

The individual above has authorized you to complete this form to help the Grand Rapids Housing Commission verify their employment income information. This information will be used only for HUD housing program requirements. Please complete all fields below; nothing should be left blank; enter "0" or N/A as necessary. When complete, enter your contact information and sign the bottom of the form. When returning the form, please include a payment history report for the individual.

Employment Information	
Employee Name:	Job Title:
Employment Status:	<input type="checkbox"/> Yes <i>If yes, date first employed: _____</i>
	<input type="checkbox"/> No <i>If no, last date of employment: _____</i>
Is the work seasonal or sporadic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, please indicate the layoff period: _____</i>
	<i>If yes, are they eligible for unemployment in the layoff period? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>
Does the employee participate in a retirement plan such as a 401(k)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compensation Information	
Current Wages: <i>(check one)</i>	<input type="checkbox"/> Hourly <i>If hourly, state the wage per hour: \$ _____</i>
	<input type="checkbox"/> Salary <i>If salaried, state the salary per week: \$ _____</i>
Pay Frequency: <i>(check one)</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Yearly
Pay Method: <i>(check one)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (Specify): _____
Regular Hours Scheduled Per Week:	Overtime (OT) Rate: \$ _____ / Average OT Hours Per Week:
Average Shift Differential Hours Per Week:	Shift Differential Rate:
Most recent change in pay rate:	\$ _____ % _____ Effective: ___ / ___ / ___
Most recent change in hours <i>(if hourly):</i>	Hours (+/-): _____ <i>(per pay period)</i> Effective: ___ / ___ / ___
Anticipated change in pay rate <i>(next 12 months):</i>	\$ _____ % _____ Effective: ___ / ___ / ___
Anticipated change in hours <i>(if hourly, next 12 months):</i>	Hours (+/-): _____ <i>(per pay period)</i> Effective: ___ / ___ / ___

Additional Earnings Information <i>(mark all that apply)</i>	
Commissions:	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Yearly

(Continued on next page)

Additional Earnings Information (mark all that apply)						
Bonuses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Yearly
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Yearly
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Yearly
If other, describe the earnings:						

Notice of Federal Penalties for False Statements (18 U.S.C. § 1001)			
Federal law (18 U.S.C. § 1001) prohibits giving false or misleading information to the U.S. Government, including for housing programs administered by the Grand Rapids Housing Commission (GRHC) and the Department of Housing and Urban Development (HUD). This includes lying, hiding important facts, or submitting documents with false information. Violations may result in fines and up to 5 years in prison (or up to 8 years for certain serious offenses).			
I hereby certify that the information provided on this form regarding employment is true and accurate to the best of my knowledge.			
Print Name:		Title:	
		Phone:	
_____		_____	
Preparer Signature		Date (MM/DD/YYYY)	

Return Instructions	
IMPORTANT: This form <u>must</u> be returned directly by the employer. For regulatory compliance, GRHC cannot accept forms returned by the applicant/employee.	
Preferred Method	Email
Please scan and email the completed, signed form to:	ic@grhousing.org
Alternate Method	Fax or Mail
If email is <u>not possible</u> , you may return the form to:	Grand Rapids Housing Commission Attn: _____ 1420 Fuller Avenue, S.E. Grand Rapids, MI 49507 Phone: (616) 235-2600 Fax: (616) 235-2660