



FOR OFFICE USE ONLY
 Housing Program _____
 Specialist _____
 Client No. _____
 Review _____

EMPLOYMENT VERIFICATION

This Section To Be Completed by CMHA tenant

Date _____

Employer: _____
 Address: _____

Client Name: _____
 Client Address: _____
 SSN: _____

The person named above has either applied for or currently resides in assisted housing. CMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and/or attach an appropriate computer printout for any needed information. This form can be returned by mail or fax to the address, email address or fax number listed below.

I hereby agree to the release to CINCINNATI METROPOLITAN HOUSING AUTHORITY of any documents and information in your possession concerning me and to you answering specific questions regarding my records; and hereby release your officers, agents or employees from damages that may result to me by reason of compliance with this authorization to the extent that such information about me is accurate. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above.

SIGNATURE _____ DATE _____

This Section To Be Completed by Employer Only

Work Schedule Information:

Hourly Rate \$ _____ Eff. Date _____ Average hours normally worked per week _____ Average OT Hrs _____
 Date of FIRST pay this payroll year (Actual) _____ Payroll period starts on _____ (day)
 Employee is paid: Daily Weekly Bi-weekly Monthly Semi -Monthly Commission Amount Y-T-D \$ _____
 Is employment: Seasonal Co-op Student Piecework wages Work Study Title V Funded
 Current year-to-date gross earnings \$ _____ as of _____ Current Y-T-D tips if not included in gross \$ _____
 Last year's W2 gross earnings \$ _____

Pay Information: (last six gross amounts and pay dates)

Date Received:	Gross Earnings
1.	\$
2.	\$
3.	\$

Date Received:	Gross Earnings
4.	\$
5.	\$
6.	\$

Employment Information: (Please complete all that apply.)

Start date of employment _____ No longer employed, effective _____
 Between Assignments as of _____
 Laid-off on _____
 On leave of absence since _____ Paid? \$ _____ per _____
 Child Support is being withheld at the amount of \$ _____ per pay
 Employee has single/family health insurance being withheld at the amount of \$ _____ per pay
 Date and amount of final pay: _____ \$ _____

Name (please print): _____ **Title:** _____
Signature: _____ **Date:** _____
Phone: _____ **Fax:** _____
Proper Address for verification if different than above _____

Requested by HS: _____ Fax # 513-665-____ Email Address: _____