



COLORADO  
SPRINGS  
HOUSING  
AUTHORITY

**EMPLOYMENT VERIFICATION**

Applicant/Tenant \_\_\_\_\_ SS# \_\_\_\_\_  
Housing Manager \_\_\_\_\_

The above-named person has applied for housing assistance. We are required to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the Housing Authority. Your prompt return of this information will assure timely processing. Please fax back this form or return in the enclosed self-addressed envelope. This applicant has consented to the release of information as shown below.

**By my signature, I consent to the release of information requested** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **EIN#** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Phone #** \_\_\_\_\_ **Employer Fax #** \_\_\_\_\_

**Applicant/Tenant – DO NOT complete the information below! The PHA will contact the employer to complete.**

**EMPLOYER: PLEASE COMPLETE THE BOX BELOW THAT APPLIES TO THIS EMPLOYEE:**

**Continuing Employee or New Hire**

Hire Date \_\_\_\_\_ Base Pay Rate \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month \_\_\_\_\_  
(Choose one)

Job Title \_\_\_\_\_

Average Hours per Week at Base Pay \_\_\_\_\_ How many weeks is employee paid per year? \_\_\_\_\_

Overtime Pay Rate per Hour \$ \_\_\_\_\_ Average number of overtime hours expected in the next 12 months: \_\_\_\_\_

Total Gross earnings for the past 3 months (if applicable) \$ \_\_\_\_\_

Is this job temporary? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Other compensation not included above (Specify for commissions, bonuses, tips etc...)

For \_\_\_\_\_ \$ \_\_\_\_\_ per (hour, week, month, year) Please circle one

**Employee Layoff/Termination**

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ and gross earnings \$ \_\_\_\_\_

Date of termination: \_\_\_\_\_ Date of final paycheck: \_\_\_\_\_ Amount of final Paycheck: \_\_\_\_\_

Do you anticipate rehiring this employee? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PHA Use Only**

Form mailed or faxed (circle one) on \_\_\_\_\_

**No response to mail or fax**

Called to confirm information on \_\_\_\_\_ Contact Person \_\_\_\_\_

Time of call: \_\_\_\_\_ Phone number called: \_\_\_\_\_

Used another form of verification: \_\_\_\_\_ Type: \_\_\_\_\_

