

INCOME VERIFICATION – RELEASE CONSENT

Date: _____
Tenant/Applicant Name: _____
Social Security No.: _____

PURPOSE OF DATA COLLECTION

In order to establish eligibility for admission and continuing occupancy in public housing, Osceola Housing Authority is required by law to verify the income of all applicants prior to admission, and residents on at least an annual basis. The person identified above has informed us that he or she is now, or has within the last 12 months been employed by your firm. Your cooperation and prompt return of the requested information will allow us to meet this requirement. All information supplied will be held in strict confidence and used by Osceola Housing Authority only to the extent legally required.

CONSENT TO RELEASE INFORMATION

I, _____ authorize employer _____
to release the following information:

EMPLOYMENT INFORMATION

Start date: _____ To: _____
Full time: _____ Part time: _____ Temporary: _____ Seasonal: _____
Hours: _____ Per: _____
Pay rate: \$ _____ Per: _____
Est. tips: \$ _____ Per: _____
Bonus: \$ _____ Commission: \$ _____

Actual earnings in past 12 months or time of employment if less than 12 months:

From: _____ To: _____
Earnings: \$ _____

Actual overtime hours in past 12 months or time of employment if less than 12 months:

Hours: _____ Earnings: \$ _____

INFORMATION PROVIDER

Firm Name: _____ Date: _____
Completed by: _____ Title: _____
Phone No: _____