



76 Stevenson Drive  
Dover, DE 19901  
302-678-1965 *voice*  
302-678-1971 *fax*  
1-800-545-1833, ext. 816 TDD  
[doover.housingauthority@dhade.org](mailto:doover.housingauthority@dhade.org) *email*

### **Employment Verification**

Name of Employer:

Date:

To Whom It May Concern:

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

Sincerely,

Occupancy Department

Please Do Not Detach

Applicant/Family:

S.S.#

Address:

I authorize the release of the below to the Dover Housing Authority for the purposes of determining my eligibility.

Date:

Signature:

Employee Name:

Job Title:

Presently Employed:  Date First Employed:

Last Day of Employment:

Current Wages/Salary: \$  Hourly:  Weekly:  Bi-Weekly:

Average # of regular hours per week:  Year-to-date earnings: \$

From:  Through:

Overtime Rate: \$  per hour Average # of overtime hours per week:

Shift Differential Rate: \$  per hour Average # of shift differential hours per week:

Commissions: \$  Bonuses: \$  Tips: \$  Other: \$

Date of most recent: Increase:  Amount: \$

Decrease:  Amount: \$

Is employed:

Manager:  Title:

Phone:  Fax: