



805 Sheyenne Street
West Fargo, ND 58078
(phone & TTD) 701-282-3443
(fax) 701-282-4331
casscountyhousing.org
info@casscountyhousing.org



VERIFICATION OF EMPLOYMENT

We are required to verify the income of all members of the household for families applying for admission to the federally assisted housing programs we operate, and to redetermine the income of tenant families periodically. We use this information to determine the tenant rent, which is income-based. To comply with this requirement we ask your cooperation in completing this form for the employee listed below. This information will be used only in determining the eligibility status and rent responsibility of the employee's household. Your prompt return of this form is appreciated.

Employee Name: _____ Employee SSN: _____

Employee Address: _____

Employer Name: _____

Employer Address: _____

Is the applicant listed above employed by you now? ☐ YES ☐ NO

If YES, date employment began: _____

If NO, last day of employment: _____

If not yet, when will the applicant begin employment? _____

Current pay for this employee is \$_____ per ☐ HOUR ☐ WEEK ☐ MONTH

Normal hours expected per week: _____

Overtime earnings expected per week: _____

Gross expected pay: \$_____ per ☐ WEEK ☐ MONTH ☐ YEAR

Position or Job Title: _____

Other remarks that may pertain to the applicant's employment: _____

Signature of Employer/Authorized Representative: _____ Date: _____

Title: _____ Phone: _____

I hereby consent to the release of information requested:

Signature of Applicant/Tenant: _____ Date: _____