



NEW CASTLE COUNTY HOUSING AUTHORITY
Housing Choice Voucher Program (Section 8)

77 READS WAY, NEW CASTLE, DE 19720 • WWW.NEWCASTLEDE.GOV
(302) 395-5600 • FAX (302) 395-5591 • HOUSINGCHOICEVOUCHER@NEWCASTLEDE.GOV

SECTION 8 VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY SECTION 8 PARTICIPANT/APPLICANT

Participant/Applicant's Name: _____ SSN: _____

Participant/Applicant's Address: _____

I hereby authorize _____ (Employer) to release the information requested below.

Signature of Section 8 Participant/Applicant: _____ **Date** _____

Participant's Housing Assistant _____

(Note: New applicants do not have an assigned Housing Assistant until they are deemed eligible for participation.)

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER NAMED ABOVE

DEAR EMPLOYER,

The individual named above is a Section 8 Participant/Applicant for housing assistance subsidized by the U.S Department of Housing and Urban Development (HUD). HUD regulations require that we verify the family's income, expenses and other information related to eligibility. The above individual has authorized your release of the information requested below. The information you provide is kept in **strict confidence** and will only be used for program purposes. We are required to complete our verification process in a short time period and would appreciate your prompt response. Importantly, please note that **this information CAN NOT be returned to us by the participant/applicant**. Please fax this form to the attention of the Housing Assistant listed above at fax number 302-395-5591. You may also scan and email this form to housingchoicevoucher@nccde.org, listing the appropriate HA in the subject line.

If you have any questions, please feel free to contact our office. **Thank you for your cooperation and assistance!**

Date of hire: _____ Position/Occupation: _____

Date of Termination (if applicable): _____

Current rate of pay \$ _____ per _____ (hour, week, month, other)

How often is employee paid? _____ (weekly, bi-weekly, bi-monthly, monthly, other)

Current rate of overtime pay \$ _____ per _____ (hour, week, month, other)

Number of hours/weeks employee normally works annually _____

Anticipated average amount of overtime _____ hours per (week / month / year)

Anticipated tips, commissions, bonuses \$ _____ (weekly / monthly / annually)

Gross Annual Earnings Anticipated (including tips, commission, overtime and bonuses): \$ _____

Do you anticipate any change in the hours employee works? Yes _____ No _____

(If yes, please explain under "Additional Comments.")

Do you anticipate any change in the employee's rate of pay in the near future? Yes _____ No _____

If yes, what is new rate of pay? _____ Effective Date _____

Does employee receive vacation with pay? Yes _____ No _____

Does employee receive sick leave with pay? Yes _____ No _____

If employee's work is seasonal or sporadic, indicate lay off period paid/not paid:

Additional Comments: _____

I CERTIFY THAT 1) I am a principal, manager or HR representative at the place of employment named above, AND THAT 2) all of the info provided above is true and correct to the best of my knowledge.

Name and Address of Company: _____

Name/Title of Representative Completing this Form: _____

Telephone: _____ Fax: _____ Email: _____

(Please highlight, circle or otherwise indicate your preferred contact method in case we need to follow up.)

Signature of Company Official: _____ **Date:** _____

****PLEASE FAX THIS FORM to 302-395-5591 or scan and EMAIL to housingchoicevoucher@nccde.org.***

A TTY/TDD is also available for hearing impaired individuals at 302-395-5593.