



# ORMOND BEACH HOUSING AUTHORITY

Established 1951

100 NEW BRITAIN AVE. ORMOND BEACH, FL 32174  
(386) 677-2069 – FAX (386) 677-3545

## Request For Employment Verification

Applicant/Participant Name: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant/Participant address: \_\_\_\_\_

.....  
 I STARTED MY JOB AS OF: \_\_\_\_\_

I STARTED A NEW JOB AS OF: \_\_\_\_\_

I LOST MY JOB OR TEMPORARY LEAVE AS (CIRCLE ONE) OF: \_\_\_\_\_

I RECEIVED A PAY RATE INCREASE AS OF \_\_\_\_\_

INCREASE OR DECREASE IN HOURS WORKED (CIRCLE ONE)

My pay rate is: \$ \_\_\_\_\_ per \_\_\_\_\_ I work \_\_\_\_\_ hours a week

I am paid:  weekly  biweekly  semi-monthly  monthly

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
\_\_\_\_\_

Employers Phone Number: \_\_\_\_\_ Fax number \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

I authorize the Ormond Beach Housing Authority to request and obtain income information from the source listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. **I acknowledge that if this request was not submitted within 10 business days of change, my assistance may be subject to termination.**

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

Head of Household \_\_\_\_\_

