



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

EMPLOYMENT VERIFICATION

Please print neatly in black or blue ink.

(Employer Name)

(Employer Phone/Fax)

(Employer Street Address)

(Employer Email)

(Employer City, State, Zip)

Dear Employer:

_____, an employee of yours, may be eligible to receive rental assistance from our agency. To ensure we accurately compute their rent portion, we need the following information:

DATE EMPLOYMENT BEGAN: _____
HOURLY RATE OF PAY: _____
HOURS WORKED PER WEEK: _____
ANTICIPATED OVERTIME: _____
OVERTIME FOR THE PAST 12 MONTHS: _____
YEAR TO DATE EARNINGS: _____
ANTICIPATED SALARY INCREASE: _____
APPROX. ANNUAL SALARY: _____
TIPS (if applicable): _____
FEDERALLY FUNDED WORK STUDY? YES____ NO____
SEASONAL POSITION? YES____ NO____
IF YES, HOW MANY WEEKS LAID OFF: _____

COMPLETED BY: _____
Signature Date Printed Name & Title
Phone Fax

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I, _____, authorize you to furnish the above information to the Housing
Authority of the County of DeKalb.

Date

Employee Signature

Soc. Sec. Number

We appreciate your prompt response!

☐ **Chelsea Bemis**
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☐ **Jess Saltz [A-J & EHV]**
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☐ **Lexy Moreland [K-Z & VASH]**
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☐ **Jackie Hewitt**
Admissions Assistant
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Attempt #1 _____
Attempt #2 _____
Attempt #3 _____