

PUBLIC HOUSING AGENCY

SAINT PAUL

555 North Wabasha Street, Suite 300
Saint Paul, Minnesota 55102
651-228-1249 • Fax 651-292-6649
Hearing Impaired-Minnesota Relay: 711

Employer Name

Resident/Applicant Name

Employer Address

Resident/Applicant Address

Employer City, State, Zip

Resident/Applicant Last four SSN

Employment Verification

The person identified above is an applicant for, or a resident of, a federally assisted rental program administered by the Public Housing Agency (PHA). We are required to verify the income of all residents/applicants for admission to, or continuance in, the Rental Assistance Program. Please supply the information requested below as soon as possible.

PHA Representative _____ Date _____ Phone (651) _____

I authorize the company identified above to provide to the PHA information concerning my employment and wages, as specified on this form. This information will only be used to determine my eligibility for admission to, or continuance in The Rental Assistance Program. I understand that this information will be kept confidential.

_____ : I am also aware that the PHA may access The Work Number (Equifax) to obtain my employment
(Initials) and wage information, along with any other employment and wages reported by employer(s) other than
the company identified above, for which the PHA has the right to review, question, and use.

Resident/Applicant Signature: _____ Date _____

Gross Earnings from _____ to _____ were \$ _____

Average Number of Hours per Week: _____ Hourly Wage \$ _____

Is this position funded by Title V funds? Yes No Is this position funded through a school work-study program? Yes No

Original Date of Hire: _____ Re-hired: _____

Termination date: _____ Employee's Title/Occupation _____

If seasonal or sporadic employment, give usual lay-off periods _____

Completed by _____ Title _____ Date _____

Employer's Phone # _____ Fax # _____

Return To: Saint Paul Public Housing Agency (address above)