



## EMPLOYER VERIFICATION

Submit this form with your application or recertification to verify employment for adults in your household. **Only submit this form if you cannot easily get documents as proof. See examples below.**

### ONE FORM PER JOB.

Each adult (18+) in your household who worked in the last 12 months must complete a separate form for each job, even if it has ended.

**If you submit documents as proof, you do not need to complete this form.**

These may include paystubs (covering your most recent six weeks of work) or an employment letter (with start date, weekly hours, and pay).

### WHO'S EMPLOYED?

Please print or type. Asterisks (\*) mark required responses.

Employee's full name\*  
as on your social security card if you have one

Last four of your SSN  
 I don't have one

Employer name\*

### EMPLOYEE'S SIGNATURE

By signing below, you are authorizing the employer listed above to release the information requested by DCHA.

Signature\*

Date\* month/day/year

**STOP HERE, AND GIVE THIS FORM TO YOUR EMPLOYER.**

Your employer should complete, sign, and return the form to you. Once they do, **submit this form with your application.**

### WHAT DO WE NEED FROM YOU?

DC Housing Authority needs to verify the employed person's income over the past 12 months.

### EMPLOYER

Please complete, sign, and give this form back to the employee.

Full name\*

Job title  
if you have one

Cell  Landline

Phone number – if you have one

Email address – if you have one

\$

Gross paid to employee (before taxes)\*  
last 12 months or since start date if less

Employee start date\*  
month/day/year

Employee end date  
 Still employed

### EMPLOYER SIGNATURE

By signing below, you are agreeing that the information herein is complete and correct to the best of your knowledge.

Signature\*

Date\* month/day/year

### NOT CURRENTLY EMPLOYED?

We need to verify any job in the last 12 months even if it's seasonal work or the employment has ended. Count 12 months from the day you sign this form.