



**HPRP Kansas City Project Hope  
Neighborhood and Community Services Department  
Human Services Division**



**Employment Verification**

The person listed below has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) Homelessness Prevention and Rapid Re-Housing. HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self addressed return envelope within 10 days. The applicant has consented to this release as indicated below

Name of Requesting Organization: \_\_\_\_\_  
 Street Address (including city, state, zip): \_\_\_\_\_  
 Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Street Address (including city, state, zip): \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

**All information below this line is to be completed by authorized employer personnel.**

Start Date: \_\_\_\_\_ Termination Date (If applicable): \_\_\_\_\_

Please Check: Full-time  Part-time  Base Hourly Pay Rate: \$ \_\_\_\_\_

Average Anticipated Weekly Hours: \_\_\_\_\_

Is this person likely to get overtime? Yes  No

If yes, Overtime Hourly Pay Rate: \$ \_\_\_\_\_

Average number of overtime hours expected during the next 12 months: \_\_\_\_\_

Any other compensation not listed above? (i.e. commission, tips, bonuses, etc.)

For: \_\_\_\_\_ \$ \_\_\_\_\_ per: \_\_\_\_\_

Authorized  
 Representative Name: \_\_\_\_\_

Authorized  
 Representative Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_