



100 New Britain Ave.  
Ormond Beach, FL 32174

Phone 386.677.2069  
Fax 386.677.3545

OBHA.org   

## Request for Employment Verification

Applicant/Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant/Participant Address:

\_\_\_\_\_  
[Street Name and Number] [City] [State] [Zip]

• I Started my Job as of: \_\_\_\_\_

• I Started a New Job as of: \_\_\_\_\_

• Select One:

I Lost My Job or  Temporary Leave as of: \_\_\_\_\_

• I Received a Pay Rate Increase as of: \_\_\_\_\_

• Select One:

Increase or  Decrease in Hours Worked

• My Pay Rate is \$\_\_\_\_\_ per \_\_\_\_\_ I Work \_\_\_\_\_ Hours per Week

I am Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Employer's Name: \_\_\_\_\_

Employer's Address:

\_\_\_\_\_  
[Street Name and Number] [City] [State] [Zip]

Employer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_