

**MIAMI-DADE CoC HOUSING PROGRAMS  
CONFIDENTIAL EMPLOYMENT INQUIRY**

DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

The person named below has given your name as that of her/his present employee. As his/her rental contribution amount is based entirely on the income of such person and members of their household, it is necessary that their income be verified. Your cooperation in supplying the information listed on this form, in its entirety, will be appreciated.

I, \_\_\_\_\_, hereby authorize my employer to release this information requested below regarding my employment and compensation.

Sincerely,

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Title

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**THIS PORTION MUST BE COMPLETED BY EMPLOYER**

EMPLOYEE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
BASE HOURS PER WEEK \_\_\_\_\_ EFFECTIVE DATE OF PRESENT RATE OF PAY \_\_\_\_\_  
RATE OF PAY \$ \_\_\_\_\_ (Circle one) HOURLY WEEKLY BIWEEKLY MONTHLY  
RECEIVES PER WEEK:  
BONUS \$ \_\_\_\_\_ COMMISSIONS \$ \_\_\_\_\_ TIPS \$ \_\_\_\_\_ (estimate)

**SUMMARY OF EARNINGS BY QUARTER**

1 <sup>ST</sup> QT. 20 _____	AMOUNT \$ _____
2 <sup>ND</sup> QT. 20 _____	AMOUNT \$ _____
3 <sup>RD</sup> QT. 20 _____	AMOUNT \$ _____
4 <sup>TH</sup> QT. 20 _____	AMOUNT \$ _____

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE, ADDRESS AND PHONE NUMBER