



Karrie Davis
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EMPLOYMENT VERIFICATION REQUEST

Employer Name:
Employer Address:
Employer Phone #: Fax #:

Federal regulations require us to verify employment income for all members participating in our rental assistance programs. This information will be held in strict confidence and used only to determine eligibility status and benefit level. Your cooperation and prompt return of the requested information to us at fax # 509-422-1713 is greatly appreciated.

_____ hereby authorizes the release of employment information to the Housing Authority of Okanogan County.

Please See Attached Release for Authorization

(Employee Signature) Date:

TO BE COMPLETED BY EMPLOYER - WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Employee Name:

Regular Rate of Pay \$_____ per Hour/Week/Month/Year (circle one)
Overtime Rate Pay \$_____ per Hour/Week/Month (circle one)
Average Number of Hours _____ per Week/Month (circle one)
Average Overtime Hours _____ per Week/Month (circle one)
Year to Date Income \$_____
Estimated other Income \$_____ (tips, commissions, bonuses, etc.)
Length of Employment _____
If Seasonal, Expected period of employment _____

Employer Signature Date

Title Phone

Assisting residents of Okanogan County acquire and retain affordable housing while strengthening our communities by: Removing Barriers, Empowering Dignity, and Building Trust!

