



Housing & Community
Development
Assisted Housing Program
350 W. 6th Street, Suite 312
Dubuque, IA 52001
Office (563) 589-4230
Fax (563) 589-4244
housing@cityofdubuque.org
www.cityofdubuque.org/housing

I authorize my employer or former employer named below to furnish to City of Dubuque Housing & CD Department any information requested regarding my employment. If you have questions, please contact your assigned caseworker.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYER NAME: _____

ADDRESS: _____

The above individual has applied for rental assistance with the City of Dubuque. The amount of their rental assistance is dependent upon gross anticipated yearly income.

CURRENT EMPLOYMENT

(Please provide a good average if hours and/or tips vary - or printout of wages to date)

First date of employment: _____

Current rate of pay: _____ per hour

Average hours of work per **PAY PERIOD** _____

(ie. If paid weekly - 40 hours; bi-weekly - 80 hours):

Frequency of pay: weekly bi-weekly bi-monthly monthly

Does employee receive tips or bonuses: no _____

If yes, **average amount received** and how often: n/a _____

ENDED EMPLOYMENT

Last date of employment: _____

Date last check received and gross amount? _____

Employer/Representative Signature: _____

Employer/Representative Name: _____

Phone: _____

Date: _____