

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.

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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_____

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ENDED EMPLOYMENT

Last date of employment: _____

Date last check received and gross amount? _____

Employer/Representative Signature: _____

Employer/Representative Name: _____

Phone: _____

Date: _____