



### EMPLOYER'S STATEMENT

RE \_\_\_\_\_  
(Name)

SS# \_\_\_\_\_

Regulations require Milwaukee County to verify the household members' employment to determine their eligibility for Housing assistance. We request that you furnish the information requested. The above named individual authorizes you to release this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Hire \_\_\_\_\_ \$ \_\_\_\_\_ Earnings Yr. to Date \$ \_\_\_\_\_ Base Rate/Hour \_\_\_\_\_ Hours/Week \_\_\_\_\_

#### **Employer Verification**

Number of weeks worked per year \_\_\_\_\_

Paid  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Anticipated Increase \$ \_\_\_\_\_ Date \_\_\_\_\_  
(Per Hour/Month)

Date of Termination \_\_\_\_\_

**This form should be completed by a bona fide representative of the employer. In no event, should it be completed by the employee. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.**

Company Name \_\_\_\_\_

Signature of Employer's Representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

