

City of Greenville Application
City of Greenville Planning & Development Services Department
Affordable Housing Program
Confidential Verification of Employment, Income Benefit

To be completed by Applicant Only

To: _____

AUTHORIZATION: Program guidelines require us to verify income of all members of the household applying for participation in the Affordable Housing Program that we operate. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated.

Applicant's Name and Address: _____ Social Security Number _____ / _____ / _____

RELEASE: I hereby authorize the release of the following information.

Signature of Applicant _____ Date _____

To be completed by Employer or Authorized Agent Only. Please provide the requested information circled below.

Job Title: _____ Start Date: _____ Years of Service: _____ Annual Salary: _____

1. The **gross** amount of the applicant's earnings (state separately average overtime, bonuses, commissions, etc.) received during the past twelve (12) months.
Base Pay: _____ OT: _____ Bonus: _____

Signature of Employer / Service Agency _____ Title _____ Date _____

Print name as signed above _____ Address _____

Phone Number _____ City, State & Zip _____

*****Please fax to 252-329-4631 or return by mail to: City of Greenville Planning & Development Services
Attn: Phoenix G Hinson
Email phinson@greenvillenc.gov PO Box 7207
Greenville, NC 27835-7207

Verbal Verification Date of Hire: _____ Present Position: _____
Probably of Continued Employment: _____
Name of Person Providing Information: _____

Phoenix G Hinson- Planner II _____ Date of Verification _____