

**City of Greenville Application
Neighborhood & Business Services Department
Community Development Division
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: _____ Probably of Continued Employment: _____

Signature of Employer / Service Agency _____ Title _____ Date _____

Print name as signed above _____ Address _____

Phone Number _____ City, State & Zip _____

*****Please email to: phinson@greenvillenc.gov Phoenix G Hinson- Program Coordinator
COG Community Development Division

Verbal Verification

Date of Hire: _____ Present Position: _____

Probably of Continued Employment: _____

Name of Person Providing Information: _____

Phoenix G Hinson- Program Coordinator _____ Date of Verification _____