



RENO-SPARKS INDIAN COLONY HOUSING DEPARTMENT

9055 Eagle Canyon Drive, Sparks, NV 89441  
Phone 775-785-1300 | Fax 775-424-6004

**VERIFICATION OF EMPLOYMENT**

The U.S. Department of Housing and Urban Development regulations require the Reno-Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family's eligibility for housing assistance.

Name: \_\_\_\_\_ Last 4 of Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip Code

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City/State Zip Code

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for Housing program purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Participant/Other Adult

\*\*\*\*\* EMPLOYER TO COMPLETE \*\*\*\*\*

Position Title: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Current hourly rate: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐

Full time ☐ Part-time ☐ Temporary ☐ On-call ☐

If no longer employed, when was last date of employment? \_\_\_\_\_

**CERTIFICATION**

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentation.

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_