



CITY OF HAWTHORNE

EMERGENCY RENTAL ASSISTANCE GRANT PROGRAM

REQUEST FOR VERIFICATION OF INCOME OR REDUCTION OF HOURS AND/OR PAY

To Employer: _____ Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied to the City of Hawthorne Emergency Rental Assistance Grant Program. I have authorized the program to obtain a verification of my income (and/or) reduction of hours and/or pay due to the COVID-19 economic downturn from you. In order for my eligibility to be determined, the City must verify all of my income. The requested information is for the confidential use of the City program and the U.S. Department of Housing and Urban Development only. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

(Signature of Applicant)

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EMPLOYER'S VERIFICATION

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____

Types of Employment: ___Permanent ___Temporary ___Seasonal ___Intermittent

Probability of Continued Employment: _____

(For Income Verification)

RATE OF PAY: (estimated, if not actually paid on hourly, monthly or annual basis):

\$ _____ hourly; \$ _____ monthly; or \$ _____ annually

Additional Compensation: (actual amounts received in past 12 months)

Overtime: \$ _____, Tips \$ _____, Commissions, Bonuses: \$ _____

(For Pay and/or Hours Reduction)

RATE OF PAY CHANGE: (estimated, if not actually paid on hourly, monthly or annual basis):

Former Rate of Pay as of _____ : \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

New Rate of Pay as of _____ : \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

REDUCTION OF HOURS WORKED: (estimated if not actual):

Former Regular Hours Worked as of _____ Hours per _____ day; _____ week; or _____ month

New Regular Hours Worked as of _____ : Hours per _____ day; _____ week; or _____ month

(Date)

(Signature and Title of Employer)