



OCHFA MULTI-FAMILY COMPLIANCE DIVISION FORM(S)

## REQUEST FOR VERIFICATION OF EMPLOYMENT

**PLEASE RETURN FORM VIA FAX AND MAIL ORIGINAL:**

**FAX TO:**

FAX #

NAME OF RENTAL PROPERTY

**MAIL TO:**

ADDRESS OF RENTAL PROPERTY

**Florida**

CITY

STATE

ZIP CODE

**THIS SECTION SHALL BE COMPLETED BY THE APPLICANT/EMPLOYEE**

The undersigned employee has applied for a residential rental unit located in a property financed through the issuance of Orange County Housing Finance Authority Multi-Family Housing Revenue Bonds. Pursuant to Section 103(b) (4) (A) of the Internal Revenue Code, every income statement of a prospective resident must be stringently verified to determine low to moderate-income status. Please indicate below the employee's current gross annual income from wages, overtime, commissions or any other form of compensation on a regular basis.

*"I hereby grant you permission to disclose my income and other related/necessary information to:*

NAME OF APARTMENT COMPLEX

*in order that they may determine my income eligibility for rental of an apartment located in their property. Said property has been financed under the Orange County Housing Finance Authority Multi-Family Housing Program."*

SIGNATURE OF APPLICANT/EMPLOYEE

NAME OF APPLICANT/ EMPLOYEE - PRINTED

DATE

**THIS SECTION SHALL BE COMPLETED BY THE EMPLOYER**

EMPLOYEE/APPLICANT

SOCIAL SECURITY #

DATE OF HIRE

POSITION

\$  
TOTAL ANNUAL INCOME

OR

\$  
HOURLY RATE

# OF HRS./WK

\$  
OVERTIME HOURLY RATE

# OF OVERTIME HRS./WK

\$  
BONUS/ COMMISSION(S)

Date of last increase: \_\_\_\_\_ Date of any expected increase: \_\_\_\_\_ Increase amount or (%): \_\_\_\_\_

**EMPLOYMENT VERIFIED BY:**

*"I hereby certify that that the statements are true and complete to the best of my knowledge."*

EMPLOYMENT COMPANY

TELEPHONE

DATE:

PREPARED BY - PRINT NAME

TITLE

SIGNATURE OF PREPARER