



Walker River Housing Department

P.O. Box 238/ 1063 Hospital Rd

Schurz, NV 89427

(775) 773-2334/ Fax: 773-2340

Verification of Income

Employer/Agency:

The Walker River Housing Department is required to verify income for applicants requesting assistance through our programs. Below is a signed authorization for release of this information to our office. The information will be used only to verify employment/assistance by an employer or through an agency. Your prompt return of this information is appreciated. Please return this form to your employee, or directly to:

Walker River Housing Department

ATTN: Resident Service Specialist

P.O. Box 238

Schurz, NV 89427

Fax to (775) 773-2340

TO BE FILLED OUT BY RESIDENT/EMPLOYEE

I hereby authorize your office/agency to release information regarding my income directly to the Walker River Housing Department:

Signature

Print Name

Date

Name of Employer or Agency, address and phone number that you receive income from:

Company Name

Address

City

State

Zip

phone#

(Below To Be Filled Out By Employer/Agency)

Full Time Or Part-Time? _____ Hours worked per week: _____

Base rate of pay \$ _____ per _____ Date of Hire _____
Hour/Week/Month/Year

Are there any foreseen changes to the wages stains over the next 3 months? _____ NO _____ YES

Company Name

Signature of Employer/Rep.

Print Name

Date

(ASSISTANCE)

Type of Benefit: _____

Amount of Benefit \$ _____ per _____ Beginning date: _____
Hour/week/month/year

Are there any foreseen changes to the benefit stains over the next (3) months? _____

Signature of Agency Representative

Printed Name

Date