



# SOUTHERN IOWA COUNCIL OF GOVERNMENTS

Southern Iowa Development Group, Inc.  
Southern Iowa COG Housing Trust Fund, Inc.

P.O. Box 102  
101 East Montgomery St.  
Creston, Iowa 50801-0102

Telephone 641.782.8491  
Facsimile 641.782.8492  
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Union County

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Private Representative

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## VERIFICATION OF EMPLOYMENT FORM

Date: \_\_\_\_\_  
RE: Home Repair Assistance for \_\_\_\_\_  
FROM: Douglas Davidson, Housing Rehabilitation Specialist

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant Date

EMPLOYER: Please answer the following questions as fully and honestly as possible. The information will be used along with 2 months worth of pay-stubs to determine eligibility for program assistance.

Employer's name (individual or company): \_\_\_\_\_  
Employee's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employed since (m/d/y): \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly  
Effective date of last pay increase: \_\_\_\_\_  
Total base pay earnings for the past twelve months? \$ \_\_\_\_\_  
Total overtime earnings for the past twelve months? \$ \_\_\_\_\_

Base pay rate: \$ \_\_\_\_\_ /hour; or \$ \_\_\_\_\_ /week; or \$ \_\_\_\_\_ /month  
Average # of regular hours worked per week: \_\_\_\_\_  
Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (not including overtime)  
Overtime rate: \$ \_\_\_\_\_ per hour Average number of overtime hours per week: \_\_\_\_\_  
Shift Differential Rate: \$ \_\_\_\_\_ /hour Average number of shift differential hours per week: \_\_\_\_\_  
Commission, bonuses, tips, other: \$ \_\_\_\_\_

(circle one) hourly weekly bi-weekly semi-monthly monthly yearly  
Is pay received for vacation? \_\_\_\_\_ If yes, how many days are allowed? \_\_\_\_\_  
How much pay is provided/day? \$ \_\_\_\_\_ Is that pay included in the above YTD? \_\_\_\_\_  
If the employee's work is seasonal, please indicate the layoff period(s): \_\_\_\_\_

List any anticipated changes in the employee's rate of pay within the next 12 months: \_\_\_\_\_  
Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of weeks projected to work next year: \_\_\_\_\_  
Expected average no. of overtime hours worked per week during next 12 months: \_\_\_\_\_

Other information that may be helpful in verifying income: \_\_\_\_\_

Signed by Employer's authorized representative: \_\_\_\_\_  
Printed name of authorized representative: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please return this form to: Douglas Davidson, SICOG, P.O. Box 102, Creston, Iowa 50801

Thank you. Contact me at above number if you have any questions.

Grantsmanship

Planning

Technical Assistance

