

# SCOTT COUNTY COMMUNITY DEVELOPMENT AGENCY

323 South Naumkeag Street • Shakopee MN 55379  
Tel: (952) 402-9022 • Fax: (952) 496-2852

*“Dedicated to Housing & Redevelopment ... Committed to Quality”*

**William I. Jaffa**  
Executive Director

## VERIFICATION OF EMPLOYMENT INCOME

Employer Name/Address/Phone/Fax:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Tenant ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Emp ID or last 4 SSN: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I grant Scott County Community Development Agency (CDA) permission to verify my income. Please supply the information requested below as promptly as possible. I understand this information will be held in confidence and is collected only for determining eligibility for housing programs.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

CDA REPRESENTATIVE \_\_\_\_\_

**TENANTS: DO NOT WRITE BELOW THIS LINE**



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**EMPLOYER COMPLETE THE FOLLOWING:**

Pay periods:     Weekly                       Bi-Weekly                       Monthly                       Twice/month

Days worked per week: \_\_\_\_\_ Hours per day: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Start date: \_\_\_/\_\_\_/\_\_\_                      Date of first paycheck: \_\_\_/\_\_\_/\_\_\_

Gross pay: \$ \_\_\_\_\_                      Hours on check: \_\_\_\_\_                      YTD total: \$ \_\_\_\_\_

Leave date: \_\_\_/\_\_\_/\_\_\_                      Expected return: \_\_\_/\_\_\_/\_\_\_                      Paid leave?  Yes  No

Termination date: \_\_\_/\_\_\_/\_\_\_                      Severance pay?  Yes  No                      Voluntary quit?  Yes  No

Date of most recent paycheck or final paycheck: \_\_\_/\_\_\_/\_\_\_

Gross pay: \$ \_\_\_\_\_                      Hours on check: \_\_\_\_\_                      YTD total: \$ \_\_\_\_\_

Please list all pay dates, along with gross pay/hours for the following months: \_\_\_\_\_

Pay Date	Gross Pay	Hours	Pay Date	Gross Pay	Hours	Pay Date	Gross Pay	Hours
	\$			\$			\$	
	\$			\$			\$	
	\$			\$			\$	
	\$			\$			\$	

EMPLOYER SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**Please Return Fax to:                      952-496-2852**