



City of Springdale
 Community Development Block Grant Program
 201 Spring Street
 Springdale, Arkansas 72764
 Phone: 750-8550 Fax: 750-8539



Community Development Block Grant Program

Housing Services Program

Revised 12/12/15

Employment Verification Request

Dear Sir/Madam:

The person identified below has requested assistance from the City of Springdale's Housing Services Program. Because eligibility for assistance is based on income, we request information on the applicant's current income. Verification of the applicant's income will be kept confidential and used solely for the purpose of establishing the applicant's eligibility.

Name: _____ Date of Request _____

St/Ave/Rd/PO Box: _____

City, State, Zip Code: _____

I authorize the release of the information requested below to the City of Springdale's Housing Services Program.

Applicants Signature _____

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EMPLOYER: Please complete and return to: City of Springdale, Housing Services Program, 201 Spring St., Springdale, AR 72764

Applicant's position held _____

Applicant's dates of employment: from _____ to _____

Applicant's pay: If hourly how many hours per week does the employee work? _____

Hourly \$ _____ Weekly \$ _____ Bi-monthly \$ _____ Monthly \$ _____

Applicant's Employer:

Name _____

Address _____

I certify that the above information is true and correct

Signature of Employer _____ Date _____

Title _____ Phone # _____