

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)
MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Town of Adams – 8 Park Street
Adams, MA 01220
Telephone: 413-743-8317

EMPLOYMENT VERIFICATION

TO: _____
Employer

DATE: _____

Dear Sir or Madam:

Your employee, _____, has applied for Adams Housing Rehabilitation Program funding assistance. Requirements of the Adams Housing Rehabilitation Program mandate written certification of your employee's gross annual income. Please fill in the following information and return this form to us within one week.

A self-addressed stamped envelope is enclosed for your convenience. All information will be kept in strict confidence. Thank-you.

Sincerely,

Donna E. Cesan
Community Development Director

I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION

Employee Signature _____ SS # _____

1. Company Name: _____
2. Company Address: _____
3. Employee's Gross Annual Income for previous year: \$ _____
4. Present Gross Pay: \$ _____ / hour \$ _____ / week
5. Regular Overtime Income: \$ _____ /hour \$ _____ / week
6. Annual Gratuities and/or Commissions: \$ _____
7. How long has this employee been in your employ? _____
8. Possibility of future employment: _____

Authorized Signature/Title

Date