



AUTHORIZATION FOR RELEASE OF EMPLOYMENT VERIFICATION

Employer Information: *To be completed by the Employer*

Employer: _____ Phone No. () _____

Employer Address: _____

Contact Person: _____ Date _____

(Please sign)

Title of Contact Person _____

Start date of employment:	_____
Scheduled number of hours per week	_____
Hourly Rate	_____
Shift Differential Hourly Rate (if applicable)	_____
Tips-Average tips per week (if applicable)	_____
Date of termination (if applicable)	_____

***To the agency completing this form: Please complete and return to:
RCAP Solutions, PO Box 159, Gardner, MA 01440 or Fax to 978-630-2751
to the attention of Rental Assistance Programs. Thank you for your assistance.***

Note to Client: Complete this portion and forward to your employer.

I, _____, do hereby authorize RCAP Solutions, and its staff to contact any agencies,
(Print or type name here)
offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application
for participation in the Housing Assistance Payments Program.

Signed: _____ Date: _____

Social Security Number: _____