



Verification of Employment Authorization

Employer: _____ Contact Name: _____

Address: _____ Phone: _____

_____ Email: _____

Fax: _____

RE: _____
Applicant's Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of employment. The individual has signed a release below authorizing to release employment information to the Estes Park Housing Authority Staff for the purpose of qualifying for a housing program. The information provided will remain confidential. Please return the completed documents using this [Online form](#), or to the EPHA email listed below.

Consent to Release Information: My signature below authorizes verification of my employment information.

Applicant/Resident Signature

Date

Estes Park Housing Authority
Email: epha@estes.org
Phone: 970.591.2535
Fax: 970.586.3083