

## Delaware Housing Assistance Program: Employer Verification

The DE HAP application must include documentation of the impact on the tenant's employment and income as a result of COVID-19. If documentation such as layoff or furlough notice or unemployment benefits documentation can be provided, this form is not required. If such documentation cannot be provided, this form should be completed by the employer and submitted as part of the DEHAP application. **Forms that are signed by the tenant are not acceptable.**

This form must be submitted via the DE HAP Application Portal. It may be electronically signed or printed, signed and scanned or an image file submitted.

### Employee Information

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

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment Information

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Description of how employee's position has been impacted (reduction in hours, termination, etc.):

\_\_\_\_\_

Total reduction in employee's income: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Effective date: \_\_\_\_\_

Was employee's work status affected as a result of the impact of COVID-19?  Yes  No

If no, please explain: \_\_\_\_\_

Is this situation expected to be temporary?  Yes  No

If yes, when do you expect employee to resume normal job duties? Date: \_\_\_\_\_

### Employer Verification

Please sign below to certify that the information presented in this form is true and correct, to the best of your knowledge, and is not submitted for any fraudulent, improper, or illegal purposes. By signing this form, you also agree that a representative from Delaware State Housing Authority (DSHA) may contact you regarding any questions or need for further information.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Electronic Signature acceptable.*