

AUTHORIZATION TO RELEASE INFORMATION

Section I: (To be completed by Employee)

The undersigned employee hereby authorizes the release of the payroll information, concerning the total dollar amount that he/she has contributed to the HOUSING ASSISTANCE PROGRAM FUND, to the Sonoma County Community Development Commission.

Printed name : _____
Employment date : _____
Employee ID : _____
Social Security # : _____ - _____ - _____
Signature : _____

Stop here, and return this form with your application. Do not send to Auditor-Payroll Department.

VERIFICATION

Section II. (To be completed by Auditor-Controller, Payroll Division) Fax # 565-4694

Please fax this form when completed to:

Maria Contreras, Affordable Housing & Finance Specialist
Sonoma County Community Development Commission
Fax # 565-7583

As of this date, the above employee has contributed to the HOUSING ASSISTANCE PROGRAM FUND as follows: (Please check)

- _____ At least 26 pay periods (full, part-time, or extra help).
- _____ At least 2,088 hours of contribution to housing fund.
- _____ Is currently being represented by SEIU job classification.

The above employee is _____ extra help _____ permanent.

Date verified : _____ Verified by: _____