

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:

Valerie Johnson, Community Development Specialist II
Sonoma County Community Development Commission
Fax # 565-7446.

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

_____ At least 13 pay periods (full or part-time)
_____ At least \$ 20.88

The above employee is _____ extra help _____ permanent.

Date verified : _____ Verified by: _____