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/they has contributed to the SEIU 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)

Please return this form when completed to:

Laurie Dinwiddie, Affordable Housing Finance Specialist,
Sonoma County Community Development Commission
Email – laurie.dinwiddie@sonoma-county.org

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: _____