

(PLEASE RETURN AS SOON AS POSSIBLE)

**EMPLOYER'S REPORT**  
**SECTION 8 - HOUSING ASSISTANCE PAYMENT PROGRAM**

1. Employee \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_  Permanent  Temporary  Seasonal

2. Present Pay: Rate Per Hour \$ \_\_\_\_\_ or Month \$ \_\_\_\_\_ or Annum \$ \_\_\_\_\_

Pay Periods:  Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_

Average number of hours per week \_\_\_\_\_ Effective date of present rate of pay \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ provide the following:

Average number of overtime hours per month for the past 12 months \_\_\_\_\_ Overtime rate \$ \_\_\_\_\_

Total Gross Wages for the past 12 months \$ \_\_\_\_\_ Night Differential rate \$ \_\_\_\_\_

3. If in the military: Base pay \$ \_\_\_\_\_, Quarters & Subsistence \$ \_\_\_\_\_, Cola \$ \_\_\_\_\_

All other pay (including clothing allowance) \$ \_\_\_\_\_

4. If on commission: Base Salary \$ \_\_\_\_\_; Average Commission \$ \_\_\_\_\_ per month

If on commission: total gross wages including commission paid employee for the past 12 months: \$ \_\_\_\_\_

5. Other Benefits: Tips per month \$ \_\_\_\_\_ Other \_\_\_\_\_

TYPE AND AMOUNTS

Bonus: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

6. During the next 12 months, is employee entitled to the following benefits?

Sick Leave with Pay .....  Yes  No

Vacation with Pay .....  Yes  No

Holidays with Pay .....  Yes  No

7. If an increase is scheduled, effective date will be \_\_\_\_\_

New rate will be \$ \_\_\_\_\_ per \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my consent to release any information requested by the Department of Community Services.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Firm \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: PLEASE COMPLETE THIS FORM EVEN IF EMPLOYMENT HAS BEEN TERMINATED**

**CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF COMMUNITY SERVICES  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM**

842 Bethel Street, First Floor ♦ Honolulu, Hawaii 96813  
Area Code: 808 ♦ Telephone: 768-7096 ♦ Fax: 768-7039

**KAPOLEI OFFICE**

1000 Ulu'ohi'a Street, #118 ♦ Kapolei, Hawaii 96707  
Area Code: 808 ♦ Telephone: 768-3000 ♦ Fax: 768-3237 ♦ TDD: 768-3228

INTERNET: <http://www.honolulu.gov>



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**SECTION 8 RENTAL ASSISTANCE PROGRAM**

Federal regulations require that income and assets of all participants in the Section 8 Rental Assistance Program be verified.

We would appreciate your cooperation in filling out this verification form and returning it to our office as soon as possible.

All information will be held in the strictest confidence.