Clear Form

MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

EMERGENCY SOLUTIONS GRANT (ESG)

Third Party Verification of Income

Participant Information
Participant Name:

Instructions: This form is to certify the income received by the above-named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility and level of benefit(s) the household may receive. **Please complete only the selected section below that includes an authorization to release information.**

Please return this form to:
Name and Title:
Address:
Phone, Fax, and Email:

☐ **Employment Income**

Participant Release: I hereby authorize the release of the following employment information.
Participant Signature and Date:
Employer Representative to complete this section:
Employer Name:
Employment Dates:
Payment Amount: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:
Average Hours Worked: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:
Additional compensation please specify (if any):
Probability of continued employment:
Employer Certification:
Printed Name and Title:
Address:
Phone, Fax, and Email:
Authorized Employer Representative Signature and Date:

☐ **Payments and/or Benefit Income** (complete one form for each distinct source of income for person named above)

CHECK ONE:

☐ Social Security/SSI
☐ Public Assistance
☐ Alimony Payments
☐ Armed Forces Income
☐ Other (please specify):
☐ Pension/Retirement
☐ Unemployment Compensation
☐ Foster Care Payments
☐ TANF
☐ Workers Compensation
☐ Child Support Payments

Participant Release: I hereby authorize the release of the following payment and/or benefit information.
Participant Signature and Date:
Payment Source Representative to complete this section:
Payment or Benefit Amount: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:
The expected duration of the payment or benefit is:
Payment Source Certification:
Printed Name and Title:
Address:
Phone, Fax, and Email:
Authorized Payment Source Representative Signature and Date:

The Michigan State Housing Development Authority is committed to providing meaningful access. For reasonable accommodations, modifications, translation, interpretation, or other services, please contact 517-241-0809 or email MSHDA-HS@michigan.gov.