

Tenant Based Rental Assistance Program Employer Verification of Lost Wages

Action, Inc., along with community partners, provides emergency rental assistance to Gloucester residents who have been laid off, furloughed, or had hours reduced due to the COVID-19 crisis. Please complete this form, to the best of your ability, to verify that your employee meets the eligibility criteria for this fund.

1. Employee Name _____
2. Length of Employment Years _____ Months _____ Weeks _____
3. Last date of work ___/___/___
4. Annual salary \$ _____
5. OR if an hourly worker,
Hourly rate \$ _____ and
 - a. Average number of hours per week pre COVID-19 _____
 - b. Average number of hours per week currently _____
6. Estimated tips per week, if applicable \$ _____
7. Employer/Company Name _____
8. Employer Signature _____ Date ___/___/___
9. Employer Phone Number _____

**Given that this is a time limited emergency rental assistance fund,
your timely response is greatly appreciated.**



This form can be emailed to cdeprimio@actioninc.org or mailed to
Action, Inc. 180 Main Street, Gloucester, MA 01930

Action Inc. Main Office
180 Main Street
Gloucester, MA 01930
978-282-1000

Energy Services
47 Washington Street
Gloucester, MA 01930
978-283-2131

Emergency Shelter
370 Main Street
Gloucester, MA 01930
978-282-1000

actioninc.org

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