**Request for Verification of Employment Income**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: |  | | | Date: |  | | |  |
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|  |  | | |  |  |  | |  |
| **Attention: Personnel Dept.** | |  |  |  |  |  | |  |
| Re: Employee: |  | | | Soc. Sec. No. . | |  | | |
| Address: |  | | | Occupation . | |  | | |
|  |  | | | Employee # |  |  |  | |

The above-named person is applying for, or participation in, a federally-assisted housing program operated by the Housing Authority. Writtenverification of income is required in order to determine eligibility and the amount of rent that he/she is to pay. Your prompt return of this form will be appreciated.

Housing Authority Representative: \_\_\_\_\_\_\_\_\_\_**Josie Alcaraz**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize my employer to release information requested directly to the Housing Authority**

Employee Signature: Date:

***Verification of Employment Income (Please complete whether currently employed or not)***

1. Date employment began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date employment terminated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Re-employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Base pay: $\_\_\_\_\_\_\_\_\_\_\_per: [ ] hour [ ] day [ ] week [ ] month [ ] year

Date present rate effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average hours per week at base pay rate \_\_\_\_\_\_\_\_\_\_\_ Average weeks per year at base pay rate \_\_\_\_\_\_\_\_\_\_\_\_\_

Change in base rate anticipated during next 12 months to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime pay: $\_\_\_\_\_\_\_\_per hour Expected overtime during next 12 months: \_\_\_\_\_\_\_\_\_hours per week

Earnings year to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Amount deducted per pay period for health insurance . . . . . . . . . .$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Amount vacation pay . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Amount sick pay . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Total earnings past 12 months: $\_\_\_\_\_\_\_\_\_\_\_ Base Pay: $ \_\_\_\_\_\_\_\_\_\_\_ Bonus: $\_\_\_\_\_\_\_\_\_\_\_ Overtime: $\_\_\_\_\_\_\_\_\_

8. If employer is landlord, is a rent reduction given? [ ] No [ ] Yes Amount $\_\_\_\_\_\_\_\_\_\_

9. Do federal funds pay for any part of salary? [ ] No [ ] Yes Amount $\_\_\_\_\_\_\_\_\_\_

If yes, name of program is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print/type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosure