



VERIFICATION OF INCOME / EMPLOYMENT

Name & address of Employer

Resident / Applicant's Name & Address

via The Work # via FAX # SS #

We are required by Federal law to verify the incomes of all family members living in or applying for rental subsidy programs. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence. We would greatly appreciate your return of this letter by mail or FAX within 5 days. Sincerely,

JHA Representative

I hereby authorize and request my employer to furnish the following information, which is necessary in determining my eligibility and rental subsidy.

Signature of Applicant / Resident Date

EMPLOYERS ONLY COMPLETE THIS SECTION!!! If not applicable, please put "N/A" in the blank.

Date Employment began:

IF NO LONGER EMPLOYED --- Date employment ended:

Is this a Seasonal worker? Yes No If Yes, would they be expected to qualify for unemployment off season? Yes No

Current Salary, Base Pay Rate before deductions: \$ per hour \$ per week \$ per month

Average hours worked at Base Pay Rate: hrs per week, or hrs bi-weekly, or per month

Average number of weeks or months expected to work including paid vacation in the next 12 months: weeks, or months

Is this person likely to get Overtime? Yes No If Yes, Overtime Pay Rate \$ per hr

If Yes, number of Overtime hours expected during the next 12 months: hrs

Any other expected compensation not listed above? Yes No If Yes, please specify type i.e. commissions, bonuses, tips, etc.?

Type: Average expected \$ per

Total Base Pay Earnings for last 12 months: \$.

Total Overtime Earnings for the last 12 months: \$

Is this employee's position funded in whole or in part through a Government Training Program or Grant? Yes No

Is this a Work Study position? Yes No PRINT Name of Person Completing this Form:

Title: Signature: Date: