



Housing Authority

Verification of Employment Income

Head of Household Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Unit Address – Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PURPOSE:

I hereby give consent for the employment verification information to be released as requested which is necessary for the determination of eligibility and level of housing rental assistance on my behalf.

Employee/Household Member: \_\_\_\_\_ SSN#: \_\_\_\_\_

Employee/Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are required by HUD Regulations to verify the income of all applicants and tenants in our housing programs. We ask your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining family eligibility and rent.

EMPLOYEE/PARTICIPANT EMPLOYMENT DETAILS:

Employment Start Date: \_\_\_\_\_ Employment End Date (if applicable): \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary/Base Pay Rate: \$ \_\_\_\_\_ Per: [ ] Hour [ ] Week [ ] Bi-Weekly [ ] Monthly [ ] Semi-Monthly

Average Hours Worked at Base Pay Rate: \_\_\_\_\_

Is this person likely to receive Overtime? [ ] YES [ ] NO If yes, Overtime Pay Rate: \$ \_\_\_\_\_

Average Number of Overtime Hours Expected During the Next 12 Months: \_\_\_\_\_

Total Gross Pay Amount Received Year to Date: \$ \_\_\_\_\_

Additional Comments/Notes: \_\_\_\_\_

EMPLOYER INFORMATION:

Company/Firm Name: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

Address/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Mailing Address
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