

1000 Carthage Street P.O. Box 636 Sanford, NC 27331 919-776-7655 919-338-7668 (fax) www.sha-nc.org

EMPLOYMENT VERIFICATION FORM

Dute		
Employer	Tenant Name	
Address	Address	
Contact		
TelephoneFax	Telephone	

The individual named directly below is an applicant/tenant of a federal housing program that requires verification of income. The information provided will remain confidential to satisfaction of the stated purpose only. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

NAME OF EMPLOYEE RELEASE STATEMENT

Date

I hereby authorize my employer to release the requested information directly to the Sanford Housing Authority for the purpose of determining my eligibility. -

518	Signature Date							
То	be completed by Employer							
1.	Hire Date:	lire Date: Occupation:						
2.	Termination Date:		Date of Re-employment: hour day week month year					
3.	Base Pay: \$	_per (circle one)	hour day week month year					
	Frequency of pay (circle on	e)	weekly every 2 weeks twice monthly monthly					
	Date present rate effective:							
	Overtime Rate: \$	per hour	Earnings year to date: \$					
	Last date pay was received:							
4.								
5.	Amount of vacation pay: \$ Amount of Sick Leave Pay: \$							
6.	(Past 12 months): Base Pay	/ \$	Bonus \$	Overtime \$				
	Total Pay \$							
7.								
8.	If employer is landlord, is re	ent reduction given	?	Amount \$				
9.								
	Name of Federal Program							
	2							
	Last 6 Pay Dates	Number of Hours Worked		Gross Wages	Tips/Bonuses			
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Signature and Title of Authorized Representative

Date

Printed Name

Phone

Fax

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

SS# XXX-XX-