

EMPLOYMENT INCOME VERIFICATION

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. 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.

If you could fill out the form below and return it to the **Nocona Housing Authority at 400 Hobson Street Nocona, TX 76255** or fax it to **940-825-6517** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

1. Employed Since: _____ 2. Job Title: _____
 3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month
 4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.
 5. How often do they get paid? Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Yearly _____
 6. Is this person likely to get Overtime? Yes No If yes, Overtime Pay Rate \$ _____ /Hr
 7. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
 8. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____
 9. Is pay received for vacation? Yes No If yes, number of days/year: _____
 10. Total Base Pay Earnings for last 12 months: \$ _____
 11. Total Overtime Earnings for the last 12 months: & _____
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Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date
