



## EMPLOYMENT INCOME VERIFICATION

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

We are required to verify the incomes of all family members living in or applying for public housing. We ask for 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, \_\_\_\_\_ (Nocona Housing Authority Representative)

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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 are they paid? Weekly  Bi-Weekly  Semi-Monthly  Monthly
  5. Is this person likely to get Overtime?  Yes  No If yes, Overtime Pay Rate \$ \_\_\_\_\_ /Hr
  6. Average number of overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs/Month
  7. Any other compensation not listed above? Please specify commissions, bonuses, tips, etc.?  
For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
  8. Is pay received for vacation?  Yes  No If yes, number of days/year: \_\_\_\_\_
  9. Total base pay earnings for last 12 months: \$ \_\_\_\_\_
  10. Total overtime earnings for the last 12 months: \$ \_\_\_\_\_

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Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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### APPLICANT/TENANT RELEASE

I \_\_\_\_\_ hereby authorize the release of the requested information.

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Signature

Date