

FAYETTEVILLE METROPOLITAN HOUSING AUTHORITY
RAMSEY AND MARY STREETS
P O DRAWER 2349
FAYETTEVILLE NC 28302-3648
PHONE (910)-483-3648

EMPLOYMENT VERIFICATION FORM

TO:

NAME:

SOCIAL SECURITY NUMBER: XXX-XX-

WE ARE REQUIRED BY FEDERAL LAW TO VERIFY INCOME OF ALL MEMBERS OF AND TO RE-EXAMINE, ONCE EACH YEAR, THE INCOME OF OUR FAMILIES BECAUSE RENT IS BASED ON GROSS FAMILY INCOME.

FAMILIES APPLYING FOR ADMISSION TO OUR HOUSING ASSISTANCE PAYMENTS THE ABOVE NAMED INDIVIDUAL HAS REPORTED THAT HIS/HER EMPLOYMENT STATUS WITH YOUR COMPANY HAS CHANGED. WE ARE LEGALLY REQUIRED TO VERIFY SUCH REPORTS TO DETERMINE RENT AND ELIGIBILITY FOR CONTINUED OCCUPANCY IN LOW-RENT ASSISTED HOUSING.

WE WILL APPRECIATE YOUR COMPLETING THIS FORM AND RETURNING IT TO THIS OFFICE OR THE PERSON NAMED ABOVE. THANK YOU FOR YOUR COOPERATION.

SINCERELY,

RE-EXAMINATION SPECIALIST

I HEREBY AUTHORIZE AND REQUEST THAT MY EMPLOYER PROVIDE THE INFORMATION REQUESTED BELOW IN ORDER THAT RENT AND/OR CONTINUED OCCUPANCY MAY BE DETERMINED.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

TITLE OF POSITION HELD: _____
RATE OF PAY: \$ _____ HOURLY; \$ _____ WEEKLY; \$ _____ MONTHLY/ANNUALLY (CIRCLE ONE)
EMPLOYMENT DATES: FROM _____ TO: _____
EXPECTED CHANGES IN RATE OF PAY: NO _____ YES _____ **NEW RATES** \$ _____ **DATE** _____
DATE PRESENT PAY BECAME EFFECTIVE _____
AVERAGE HRS WORKED PER WEEK _____
IF SEASONAL OR SPORADIC EMPLOYMENT, GIVE LAY-OFF PERIODS _____
OVERTIME RATES _____ **PER** _____
TOTAL GROSS EARNINGS FOR LAST YEAR _____
DOES THE EMPLOYEE RECEIVE THE FOLLOWING:
COMMISSIONS: NO _____ YES _____ **AMOUNT \$** _____ **PER** _____
TIPS: NO _____ YES _____ **AMOUNT \$** _____ **PER** _____
BONUS: NO _____ YES _____ **AMOUNT \$** _____ **PER** _____
DEDUCTIONS: **MEDICAL** _____ (WEEKLY, BI-WEEKLY, MONTHLY)

SIGNATURE

TITLE

NAME OF COMPANY

PHONE NUMBER

DATE