



North Central Florida

Regional Housing Authority

PO Box 38, Bronson, FL 32621-0038
Phone (352) 486-5420 or 1 (800) 664-5197
TTY/Fax (352) 486-5423

REQUEST FOR VERIFICATION OF EMPLOYMENT INCOME

ATTENTION: Personnel Department

RE: Employee _____ Soc Sec# _____ - _____ - _____

The above named person is applying for, or participating in a federally assisted housing program operated by The Levy/Gilchrist/Suwannee County Housing Authority. Written verification of income is required in order to determine eligibility and the amount of rent that he/she is to pay. Please see attached release of information.

Verification of Employment Income (Please complete whether currently employed or not).

- 1) Date employment began _____
- 2) Date employment terminated _____ Temporary or Permanent _____
- 3) Base Pay \$ _____ per ()hour ()day ()week ()biweekly ()month ()year
Average hours per week at base rate _____
Date present rate effective _____
Overtime rate \$ _____ Average hours per month overtime _____
Average TIPS per week \$ _____
- 4) Year to Date earnings \$ _____
- 5) If employer is landlord, is a rent deduction given ()No ()Yes – Amount \$ _____
- 6) Type of work performed _____
- 7) Job Title _____

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by a fine of up to \$10,000 or by imprisonment of up to five years, or both for making any false or fraudulent statements or representation, or making or using any false writing or document in any matter with the jurisdiction of any department or agency of the United States.

Signature of Employer, Printed Name of Employer, Title _____ Date _____

Company Name/Mailing Address _____ Phone Number-Extension _____

