

**STEVENSON HOUSING AUTHORITY
52 OLD MT CARMEL ROAD
STEVENSON, AL 35772
PHONE: 256-437-3009
FAX: 256-437-3016**

VERIFICATION OF EMPLOYMENT INCOME

Employee _____

Social Security Number _____

The above named person is applying for, or participating in a Federally Assisted Housing program operated by the Housing Authority. Written Verification of income is required in order to determine eligibility and the amount of rent that he/she is to pay. Your prompt return of this form in the enclosed postage paid envelope or by fax will be greatly appreciated.

Housing Authority Representative: _____

I hereby authorize my employer to release the information requested directly to the Housing Authority.

Employee Signature _____ Date _____

Verification of Employment Income:

1. Date employment began: _____ Occupation: _____
2. Date employment terminated: _____ Re-employed: _____
3. Base pay: \$ _____ per () hour () day () week () month () year
4. Date present rate effective: _____
5. Average hours per week at base rate: _____
6. Average weeks per year at base rent: _____
7. Paid how often () weekly () bi-weekly () monthly () other _____
8. Change in base rate anticipated during next twelve months to \$ _____ per _____
9. Overtime pay: \$ _____ per hr.
10. Total earning past 12 months: \$ _____ Base pay, \$ _____ Overtime, \$ _____ Bonus
11. Do Federal Funds pay for any part of salary? () Yes () No Amount \$ _____
If yes, name of program is _____

Signature _____ Company _____
Name (print) _____ Address _____
Title _____ Phone Number _____
Date _____

