

EMPLOYMENT VERIFICATION FORM

DATE: _____

APPLICANT/TENANT (PRINT NAME): _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE ALL OF MY INCOME INFORMATION TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY.

SOCIAL SECURITY NUMBER: _____

SIGNATURE OF APPLICANT/TENANT: _____

FOR EMPLOYER'S USE ONLY

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN YOUR REPLY TO THE ADDRESS STATED ABOVE. ALL INFORMATION WILL BE IN CONFIDENCE. YOUR IMMEDIATE ATTENTION IS GREATLY APPRECIATED.

-THE TOWN OF HUNTINGTON HOUSING AUTHORITY

TITLE OF POSITION HELD: _____

DATE HIRED: _____ PRESENT STATUS: _____

WAGES PAID (CIRCLE ONE): WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

HOURLY RATE: _____

IF HOURLY, INDICATE NUMBER OF HOURS WORKED PER WEEK: _____

GROSS RATE OF PAY: \$ _____

AMOUNT PAID GROSS YEAR TO DATE: \$ _____ AS OF: _____

SALARIED EMPLOYEE: _____

DOES THE EMPLOYEE RECEIVE THE FOLLOWING?:

_____ NIGHT DIFFERENTIAL _____ PERIODS OF VACATION WITH PAY

_____ COMMISSION _____ TIPS _____ BONUS _____ OVER-TIME _____ OTHER

IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY: _____

DATE: _____

SIGNATURE OF AUTHORIZED PERSON