



EMPLOYMENT VERIFICATION

APPLICANTS NAME _____ DATE _____

SOCIAL SECURITY # _____

In order to establish the above named applicant's eligibility to receive rental assistance from the Gainesville Housing Authority we are required to verify his/her income. The above named applicant/tenant has advised us that he/she is employed by your firm. Your cooperation and prompt return of the information requested below will be held in confidence and used only by the Gainesville Housing Authority.

SIGNATURE OF APPLICANT BADGE NUMBER G.H.A. OFFICIAL

EMPLOYED FROM _____ TO _____

OCCUPATION _____ EMPLOYMENT IS PERMANENT _____
TEMPORARY _____
SEASONAL _____

DATE OF LAST PAY RAISE _____

TENANT/APPLICANT IS PAID _____ WEEKLY _____ BI-WEEKLY _____ MONTHLY

AVERAGE OF HOURS WEEKLY _____ STRAIGHT TIME _____

HOURLY WAGE _____ OVERTIME _____

TIPS IF ANY _____ PER _____ COMMISSION _____ PER _____

BONUS _____ PER _____

ACTUAL EARNING DURING THE PAST 12 MONTHS OR FOR PERIOD OF EMPLOYMENT

\$ _____ FROM _____ TO _____

DATE _____ FIRM NAME _____

EMPLOYER'S PHONE NUMBER _____ BY _____

MAILING ADDRESS _____ TITLE _____

Warning: Section 1001 of Title of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

MUST BE COMPLETED BY EMPLOYER