



HOUSING AUTHORITY OF THE CITY OF ELBERTON
410 ELBERT STREET, ELBERTON, GEORGIA 30635
706-283-5801 FAX: 706-283-6137

EMPLOYMENT VERIFICATION

Date: _____

To: _____

RE: _____

We are required to verify the income of all applicants and residents in our low-income housing program. We ask your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining the family's eligibility and rent. Thank you in advance for your cooperation.

Sincerely,

I hereby authorize and request my employer to furnish the following information, which is necessary to determine my eligibility and rent for low-income public housing.

Applicant/resident signature Date

Title/job classification _____ Date employed _____

Hourly base rate\$ _____ Hours worked weekly at base rate _____

Hourly overtime rate\$ _____ Average weekly overtime hours _____

Employee paid Weekly _____ Bi-weekly _____ Monthly _____ Semi-Monthly _____

Effective date of last pay increase _____ Amount \$ _____

Total earned in past 12 months (if employed that long) \$ _____

Total earned if employed less than 12 months \$ _____

Employment period from: _____ to _____

Please list all deductions and amounts from employee's gross pay: _____

Verified by: _____ Date: _____

Title: _____