



LENOIR HOUSING AUTHORITY

EMPLOYMENT VERIFICATION

The front of this employment verification needs to be completed by the employee and the reverse side needs to be completed by the employer.

DATE: _____

EMPLOYER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMPLOYER TELEPHONE NUMBER: _____

RETURN THIS VERIFICATION TO THE HOUSING AUTHORITY LISTED ABOVE

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME _____

ADDRESS: _____

CITY, STATE , ZIP _____

The person above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing authority to verify all information that is used in determining this person's eligibility or level of benefits.

We ask for your cooperation in providing the following information and returning it to the housing authority in the enclosed stamped envelope. Your prompt return of this information will help to assure timely processing of the applicant seeking assistance.

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this copy of this consent.

APPLICANT'S SIGNATURE

DATE

EMPLOYMENT VERIFICATION TO BE COMPLETED BY EMPLOYER

1. DATE FIRST EMPLOYED: _____

2. BASE PAY RATE (GROSS): _____

Hours to be worked Per Week _____ or Bi-Weekly _____ or Per
Month _____

Date present pay rate was effective: _____

3. OVERTIME PAY RATE PER HOUR: _____

Expected average number of hours to be worked per week during the next 12 calendar
months: _____

4. OTHER COMPENSATION – Not included above (commission, bonuses, tips, etc.)

FOR _____ \$ _____ PER _____

5. TOTAL Anticipated Base Pay Earnings for the next 12 calendar months

TOTAL Anticipated Overtime Earnings for the next 12 calendar months

6. Medical Insurance Premium deducted (if any). This would be relevant only for families
eligible for the medical allowance. _____

7. Has employment been terminated? If yes, is the individual eligible for Unemployment
Benefits? _____

NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION

FIRM/ ORGANIZATION

SIGNATURE

DATE