



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601

Telephone: (352) 754-4160
Fax: (352) 754-4168

Employment Verification

Name of Employer

Address of Employer

City, State, Zip of Employer

PLEASE NOTE RETURN ADDRESS ON TOP OF PAGE

To Whom It May Concern:

Regulations require us to verify the incomes of all families to establish their eligibility for our housing assistance programs. The person identified below has told us that he or she is receiving or has received wages from your company.

Your completion of this form will help us determine whether this person/family is eligible for our housing program(s). All information will be held in confidence and will be used only in determining eligibility for the family.

We are required to complete our determinations within a specified time; therefore, your prompt attention is appreciated. Please complete the reverse side of this form fully and accurately.

Thank you for your cooperation.

Sincerely,

Hernando County Housing Authority

I hereby grant the HCHA permission to make inquiries regarding my income and assets. I understand that this information is for the purpose of determining my eligibility and will be kept confidential.

SIGNATURE: _____

DATE: _____ SOCIAL SECURITY NUMBER: _____



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NAME OF EMPLOYEE: _____

ADDRESS OF EMPLOYEE: _____

GROSS EARNINGS

CURRENT YTD (Year to Date) PAY: _____

GROSS AMOUNT OF LAST 4 PAY PERIODS:

\$ _____ Pay Date: _____

\$ _____ Pay Date: _____

\$ _____ Pay Date: _____

\$ _____ Pay Date: _____

Current average number of hours worked per WEEK: _____

Current base pay: \$ _____/hour Effective Date: _____

Expected change in rate of pay? Yes / No (circle one) Amount: \$ _____ Date: _____

Overtime is paid at what rate? _____ Per: _____

Original hire or rehire date: _____

Employee's title/position of work: _____

Termination/Separation Date, if Applicable: _____

Reason for Termination/Separation: _____

Employer's Name (Firm): _____

Signature of authorized representative: _____

Print Name: _____ Date: _____

Representative's Contact Number: _____

***Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any department or agency of the U. S. as to any matter within its jurisdiction.