



Jacksonville Housing Authority

P.O. Box 734
Jacksonville, AR 72078
Office 501-982-2267 Fax 501-982-8597

INCOME VERIFICATION

Employee:

EMPLOYEE SIGNATURE

Social Security Number

Job Title

The above named employee has applied for/or is receiving rental assistance through our Housing Assistance Program. Because rent is based on income, Federal Regulations require us to check all income at its source to properly establish the rent. Your prompt reply will be appreciated.

****THIS FORM MUST BE FILLED OUT BY EMPLOYER****

EMPLOYER, PLEASE RETURN ASAP BY MAIL OR FAX @ 501-982-8597

Date employment began

Present rate of pay per hour

Overtime rate per hour

Hours worked weekly

Employee is paid: Monthly Weekly Bi-Weekly Semi-Monthly Other
Employment is: Permanent Temporary Part-Time Seasonal

Please list the last 3 consecutive months of GROSS WAGES, including vacation pay and bonuses.

Pay Period Ending	Date Received	Hours Worked	Overtime Hours	Gross Wages	Tips	Bonus/ Commission

If not currently employed, what was the date and reason for leaving this job. _____

Signature of Employer: _____ Title: _____ Date: _____

EMPLOYERS NAME _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ FAX Number: _____