

CHA EMPLOYMENT VERIFICATION



THIS SECTION TO BE COMPLETED BY CHA STAFF AND SIGNED BY TENANT

TO: (Name and address of employer)

Date: _____

RE:

Applicant/Tenant Name

Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely: _____

Return form to: Caraway Housing Authority
325 Missouri
Caraway, AR 72419
Or Fax: 870-482-3136

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ No _____ If yes, Date First Employed: _____ If no, last date of employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____

Shift Differential Rate: \$ _____ Per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other

If the employee's work is seasonal sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Employer [Company] Name and Address

Phone

Fax

E-mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdictions. Rev.2007