



### VERIFICATION OF INCOME / EMPLOYMENT

Name & Contact Information for Employer

Resident / Applicant's Name & Address

E-MAIL # \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

\_\_\_\_\_

FAX # \_\_\_\_\_

SS # \_\_\_\_\_

We are required by Federal law to verify the incomes of all family members living in or applying for rental subsidy programs. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence. We would greatly appreciate your return of this letter by mail or FAX within 5 days. Sincerely,

\_\_\_\_\_  
AHA Representative

I hereby authorize and request my employer to furnish the following information to Alto Housing Authority, as it is necessary in determining my eligibility for their programs and the amount of any rental subsidy for which I may be eligible.

\_\_\_\_\_  
Signature of Applicant / Resident

\_\_\_\_\_  
Date

**EMPLOYERS ONLY COMPLETE THIS SECTION!!! If not applicable, please put "N/A" in the blank.**

Date Employment began: \_\_\_\_\_ IF NO LONGER EMPLOYED Date employment ended: \_\_\_\_\_

Employed, but currently on TEMPORARY lay-off?  Yes  No Currently on Medical or Other LOA?  Yes  No

Eligible for Unemployment?  Yes  No Date LOA began: \_\_\_\_\_ Date LOA ended: \_\_\_\_\_

Is this a Seasonal worker?  Yes  No If Yes, would they be expected to qualify for unemployment off season?  Yes  No

Base Pay Rate before deductions: \$ \_\_\_\_\_.00 per hour; \$ \_\_\_\_\_.00 per week; \$ \_\_\_\_\_.00 bi-weekly; \$ \_\_\_\_\_.00 monthly

Avg hours at Base Pay Rate: \_\_\_\_\_ # of hours per week; \_\_\_\_\_ avg # of hours bi-weekly; avg # of hours \_\_\_\_\_ per month.

Average number of weeks or months expected to work including paid vacation in the next 12 months: \_\_\_\_\_ weeks, or \_\_\_\_\_ months

Is this person likely to get Overtime?  Yes  No If Yes, Overtime Pay Rate \$ \_\_\_\_\_ per hour.

If Yes, number of Overtime hours expected during the next 12 months: \_\_\_\_\_ hrs

Any other expected compensation not listed above?  Yes  No If Yes, please specify type i.e. commissions, bonuses, tips, etc.?

Type: \_\_\_\_\_ Average compensation expected \$ \_\_\_\_\_.00 per \_\_\_\_\_.

Total Base Pay Earnings for last 12 months: \$ \_\_\_\_\_.00 Total Overtime Earnings for the last 12 months: \$ \_\_\_\_\_.00

Is this employee's position funded in whole or in part through a Government Training Program or Grant?  Yes  No

Is this a Work Study position?  Yes  No **PRINT** Name of Person Completing this Form: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_