



# 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: \_\_\_\_\_

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: \_\_\_\_\_

Termination Date, if Applicable: \_\_\_\_\_

Employee's title/position of work: \_\_\_\_\_

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 it's jurisdiction.