

Chesapeake Redevelopment & Housing Authority

VERIFICATION OF EMPLOYMENT INCOME

Company Name: _____ Date: _____
 Company Address: _____ Phone: _____
 City, State, Zip: _____ Fax: _____

Employee Name: _____ SS#: XXX-XX- _____

I hereby authorize my employer to release the requested information directly to CRHA.

Client Signature: _____ Date: _____

EMPLOYER: State regulations require that all earnings from employment be verified. The above named employee is applying for or participating in a federally assisted housing program operated by CRHA. Written verification of income is required in order to determine eligibility and the amount of assistance to be provided. Your prompt return of this form will be appreciated.

Date: _____

CRHA Staff _____

TO BE COMPLETED BY EMPLOYER (Please complete whether currently employed or not)

1. Hire Date: _____ Occupation: _____
2. Termination Date: _____ Date of Re-employment (if applicable): _____
3. Base Pay: \$ _____ per (circle one) hour day week bi-weekly month year
 Frequency of pay for this person: (circle one) weekly bi-weekly twice monthly monthly yearly
 Date present rate effective: _____ Avg. hours per pay period: _____
 Overtime rate: \$ _____ per hour Earnings year to date: \$ _____
 Last date pay was received: _____
 During the next 12 months, do you anticipate: (a) Change in base rate: \$ _____ per _____
 (b) Overtime: \$ _____ per _____
4. Amount deducted per pay period for health insurance: \$ _____
5. Amount of vacation pay: \$ _____
6. Amount of sick leave pay: \$ _____
7. (Over past 12 months): Base Pay \$ _____ Bonus \$ _____ Overtime \$ _____ Total Pay \$ _____
8. Reported tips: \$ _____ 9. If employer is landlord, is rent reduction given? _____ Amount \$ _____
10. Do federal funds pay for any part of salary? _____ Amount: \$ _____

Name of Federal Program _____

Last 6 pay dates	Number of hours worked	Gross wages	Tips/Bonuses

Signature and Title of Authorized Employer Representative

Date

Printed Name

Phone & Fax Number



WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.

