



# Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
<http://www.decaturhousing.org>

## VERIFICATION OF EMPLOYMENT INCOME

REQUESTED BY: \_\_\_\_\_

The Housing Assistance Program is based on income. We are required by Federal law to verify the income of your employee listed above, to determine eligibility for the Section 8 Housing Assistance Rental Program.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby give consent for the employment verification information to be released as requested which is necessary for the determination of eligibility and level of housing rental assistance on my behalf.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the completed form to the person requesting this verification within **ten (10) days** from the date received. Your prompt response is greatly appreciated. Thank you.

OCCUPATION \_\_\_\_\_ START DATE \_\_\_\_\_

SALARY: Base rate of pay: \$ \_\_\_\_\_ per (circle one) Hour Week Month Year

Employee is paid: (circle one) Daily Weekly Bi-weekly Monthly Semi-Monthly

Is Employment: (circle one) Seasonal Full-Time Part-Time

Average hours worked per week \_\_\_\_\_ Anticipated Salary During next 12 months \$ \_\_\_\_\_

Overtime Pay Rate \_\_\_\_\_ # of hours of overtime during the next 12 months: \_\_\_\_\_

Other compensation not included above (for commissions, bonuses, tips, etc.)\$ \_\_\_\_\_

Current year-to-date gross earnings: \_\_\_\_\_ Commission Amount year-to-date \$ \_\_\_\_\_

Pay Information: (Please list last six gross amounts and pay dates)

DATE RECEIVED	GROSS EARNINGS	DATE RECEIVED	GROSS EARNINGS
1.	\$ _____	4.	\$ _____
2.	\$ _____	5.	\$ _____
3.	\$ _____	6.	\$ _____

If no longer employed with your company, please give Date of Termination: \_\_\_\_\_

Leave of Absence Start date \_\_\_\_\_ End Date \_\_\_\_\_ Paid? \$ \_\_\_\_\_

Print the Name of Person supplying information: \_\_\_\_\_

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

Name of Company/Firm: \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### PENALTIES FOR MISUSE OF THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government, HUD, the PHA and any owner (or any employee thereof) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be provisions for misusing the social security number are contained in the Social Security Act as 42 U.S.C. 208 (f),(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f.g. and h.