

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED TENANT

TO: _____ Date: _____

RE: _____ Apt. _____ Social Security Number _____
Applicant/Tenant Name Unit # (if assigned)

I hereby authorize release of my employment information

X _____ X _____
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant 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.

Antionette Tatum, Program Coordinator
Management Agent

Return Form To:

Anniston Housing Authority
P.O. Box 2225
Anniston, AL 36202
FAX: 256.403.1520
EMAIL: hcvclerk@annistonhousing.org

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ **Pay Frequency:** weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours **per pay period:** _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

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

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

Last Pay Date: _____ Last Check Amount \$ _____

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

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax#

E-mail

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

Employment Verification (June 2022)