



Wage Verification Form

To Be Used ONLY if You Are Unable to Provide Two Months' Worth of Check Stubs

Name _____ Address _____
 City _____ State _____ Zip Code _____
 Social Security number _____ - _____ - _____ Date of Birth _____
 Resident/Applicant Signature _____ Phone _____ Date _____

The laws of the United States and the Department of Housing and Urban Development (HUD) which made possible the Public Housing Program in East Georgia, requires an annual review of the incomes of all families applying for or participating in the Housing Programs. We are requesting your cooperation in supplying the following information which will assist us in determining the rent to be paid by the applicant or participant shown above, who is employed by you.

To Be Completed by Employer

Dates of Employment: From _____ To _____ Occupation: _____
 How many hours worked per week? _____ Overtime Hours (if any)? _____
 Is Employee Paid: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
 Rate of Pay: Per Hour \$ _____ Day \$ _____ Week \$ _____ Month \$ _____
 Salary \$ _____ Tips \$ _____ Commission \$ _____ Other \$ _____
 Effective Date of Present Rate of Pay: _____ Overtime Rate of Pay: \$ _____
 Is Increase in earnings anticipated? Yes _____ No _____
 If yes, Effective Date & Amount: Date _____ Amount _____
 Employment: Temporary _____ Permanent _____ Seasonal _____
 Total Amount (Gross) Earned Past Year Ending December 31st: \$ _____

Employer _____
 Name & Title _____
 Address _____ City, State, Zip _____
 Telephone Number _____ Ext. _____
 Signature _____ Date _____

This form must be faxed, mailed, or turned in to the Housing Office no later than 7-10 days of receiving it.