



EMPLOYMENT VERIFICATION

PLEASE FAX THIS BACK TO THE HOUSING AUTHORITY AT (801) 284-4406, OR MAIL IT BACK IN A COMPANY LETTERHEAD ENVELOPE TO 3595 SOUTH MAIN STREET, SALT LAKE CITY, UT 84115.

I hereby authorize the release of the following information in order to determine my eligibility for housing assistance.

Signature: _____ Social Security #: _____

Employee Information (To be completed by employee)
Name of Employee
Social Security Number
Home Address
Current Home Phone

Employer Information (To be completed by employee)
Company Name
Company Address
Company Phone

Wage Information (To be completed by employer only)
Hire Date Termination Date
Effective date of current pay rate:
Employee's title or position:
Average number of hours per week Hourly wage \$
Average overtime hours/week Overtime wage \$
Average tips/week \$
Bonuses, Commissions or Incentives \$ How often?

Signature of employer or employer representative: _____ Date _____ Title _____

Printed Name _____ Phone No. with Extension _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

