



Alachua County Housing Authority

Gail Monahan, Executive Director
 703 N.E. 1st Street · Gainesville, FL 32601
 (352) 372-2549 · Fax (352) 373-4097

VERIFICATION OF EMPLOYMENT OR LOSS OF EMPLOYMENT

We are required by law to verify the income of all applicants and/or household members living in or applying for subsidized housing assistance. We ask your cooperation in supplying the below requested documents. Thank you in advance for your cooperation.

Date Requested: _____

Name of Wage Earner: _____

SS# of Wage Earner: _____

By Signing Below I authorize the release of the requested information:

Date: _____

A. Employer's Contact Information:

Employer's Name: _____

Employer's Address: _____

Employer's Phone #: _____

B. Verification of Employment (To be completed by EMPLOYER, if Loss skip down to B):

Dates of Employment: _____ Title or Job Classification: _____

The wage earners current GROSS pay per:

\$ _____ : Year \$ _____ : Monthly \$ _____ : Hourly: _____

Average # of Hours Per WEEK: _____ Hrs: _____

Is this person likely to get overtime? _____ : No _____ : Yes. If yes, overtime pay rate: \$ _____

Average number of hrs of overtime expected per MONTH: _____ hrs/month

Any other compensation not listed above? Please specify (ie: bonuses, tips, commission).

Total yearly earnings (if less than one year total earned to date): \$ _____

C. Verification of Loss of employment (To be completed by Employer, if applicable):

Date wage earner was terminated: _____

Reason for termination: _____

Date of last paycheck: _____ Amount: \$ _____

Total year to date earnings: \$ _____

Name & Title of Person Completing this form: _____

Contact Information:

Phone #: () _____

Address: _____

Thank you for your cooperation in supplying this information.