



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	
<p>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.</p>	
Date Requested:	
Name of Wage Earner:	
SS# of Wage Earner:	
<p>By Signing Below I authorize the release of the requested information:</p>	
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.	