

**THE HOUSING AUTHORITY OF
PRINCE GEORGE'S COUNTY**



JACK B. JOHNSON
County Executive

Commissioners

LeRoy E. Brown, Chair
Shirley M. Anglin, Vice Chair
Elsie Akinbobola
June C. Anthony
Elaine Carter
Maryrose O. Nwadike
Avner "Jim" Young

Housing Assistance Division

VERIFICATION OF EMPLOYMENT

Name: _____

Address of Employer: _____

Applicant/Tenant Name: _____

Social Security Number: _____

Applicant/Tenant Address	City	State	Zip Code
--------------------------	------	-------	----------

The individual named above is a tenant of housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify income, expenses, and other information related to eligibility. The individual has authorized your release of the purpose of determining the eligibility for assistance. We are required to complete our verification process in a short time period and would appreciate your prompt response. A return addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Lisa Glover at (301) 883-5473. Please fax completed copy to (301) 883-5423. Thank you for your cooperation.

Name	Telephone Number
------	------------------

I, _____, hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Name: _____ Signature: _____

Date: _____

Address	City	State	Zip Code
---------	------	-------	----------

TO BE COMPLETED BY EMPLOYER

- Date of Employment _____ Position/Occupation _____
- Date of Termination (if applicable) _____
- Current Rate of Regular Pay \$ _____ per _____
(hour, week, month, etc.)
- Current Rate of Overtime Pay \$ _____ per _____
(hour, week, month, etc)
- Number of hours/week employee normally works _____

6. Anticipated average amount of overtime/week _____
7. Gross annual earnings you anticipate for this employee for the next twelve months.
_____ Gross amount including all tips, bonuses, overtime, commissions
8. Anticipated Tips, Commissions, Bonuses \$ _____
9. Do you anticipate any change in the employee's rate of pay in the near future?
Yes ____ No ____
If yes: Revised Rate _____ Effective Date _____
10. Do you anticipate any change in the number of hours the employee works:
Yes ____ No ____ If yes, explain under #17 below
11. Does this employee receive vacation with pay? Yes ____ No ____
12. Does this employee receive sick leave with pay? Yes ____ No ____
13. Amount deducted for medical coverage \$ _____ / _____
14. Amount deducted for savings plan \$ _____ / _____
15. If the employee's work is seasonal or sporadic, indicate lay-off periods

16. Does this employee receive an earned income tax credit?
Yes ____ No ____ If yes, indicate amount included in
paycheck \$ _____
17. Additional Comments:

I certify that the above information is true and correct.

Name of Company Official

Title of Company Official

Company

Signature

Address

Date

City, State, Zip Code

Telephone Number

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