



# Caswell County Section 8 Housing

205 E. Church Street  
PO BOX 577 Yanceyville, NC 27379  
Phone (336) 694-9318 \* Fax (336) 694-9321

## Request for Verification of Employment

Attention: Personnel Department

RE: Employee: \_\_\_\_\_ Soc. Sec. No. XXX-XX-\_\_\_\_\_  
Address: \_\_\_\_\_ Occupation \_\_\_\_\_  
\_\_\_\_\_ Employee # \_\_\_\_\_

The above named person is applying for, or participating in a federally-assisted housing program operated by the Caswell County Section (8) Housing Program. Written verification of income is required in order to determine eligibility and the amount of rent that he/she is to pay. Your prompt return of this form will be appreciated.

I hereby authorize my employer to release the information requested directly to Caswell County Section 8 Housing. The consent for the release will expire one year from the date of the signature.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*\*\*Verification of Employment income:

**EMPLOYER MUST COMPLETE! (Please attach last 4 check stubs)**

1. Date Employment Began: \_\_\_\_\_ Occupation \_\_\_\_\_
2. Date Employment Terminated: \_\_\_\_\_ Re-employed \_\_\_\_\_
3. Base Pay: \$ \_\_\_\_\_ per: ( ) hour ( ) day ( ) week ( ) month ( ) year
4. Date present rate effective \_\_\_\_\_
5. Average hours per week at base pay rate \_\_\_\_\_
6. If employee's hours vary from week to week, please put range (ex. 10-15) \_\_\_\_\_
  - a. Amount of hours received last 4 weeks?
 

Wk 1 _____	Wk 2 _____	Wk 3 _____	Wk 4 _____
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7. Pay Frequency? Circle one: Weekly Biweekly Monthly

8a. Is this a seasonal job? \_\_\_\_\_

8b. Projected length of assignment? (if applicable) \_\_\_\_\_

9. Weekly Avg. Tips earned (if applicable) \_\_\_\_\_

10. Earnings year to date: \$ \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

To be completed by Authorized Representative completing this form:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Name (print/type) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_

