



CLARKSVILLE HOUSING AUTHORITY

605 Lucas Street
Clarksville, AR 72830
Phone (479) 754-3564 Fax (479) 754-3963

Verification of Income from Employment

Re: _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. Note that the person referenced has authorized your release of the information. If you have any questions, please call (479) 754-3564.

Sincerely, CHA Management

- 1. Employed Since: ___/___/___ or, End Date of Employment: ___/___/___
2. Job Title/Position: _____
3. Salary, Base Pay Rate: \$_____ per hour, or \$_____ per week, or \$_____ per month.
4. Average hours worked at Base Pay Rate: _____ hrs./week, or _____ hrs/month in year.
5. Is this person likely to get Overtime? [] Yes [] No If yes, Overtime Pay Rate \$_____ per hr.
6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month.
7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc,?
For _____ \$_____ per _____.
8. Is pay received for vacation? [] Yes [] No If yes, number of days of the year: _____.
9. Total Base Pay Earnings for the last 12 months: \$_____
10. Total Overtime Earnings for the last 12 months: \$_____
11. Additional income such as Tips (average/week): \$_____

Firm Name: _____ Address: _____
Name of Person Completing this Form: _____ Date: _____
Title: _____ Signature: _____
Contact Phone #: (____) _____ - _____ or, (____) _____ - _____

Applicant/Tenant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____