



JACKSON HOUSING AUTHORITY
 2747 LIVINGSTON ROAD JACKSON, MS 39213
 P.O. BOX 11327 JACKSON, MS 39283
 PHONE: 601-362-0885 FAX: 601-982-4733

INCOME VERIFICATION FORM

Dear Sir or Madam:

In connection with the application for Housing Assistance of one of your employees, we are required by law to verify the family income. Further consideration must be delayed pending receipt of all information requested herein; you can assist by completing and returning this form promptly in the enclosed envelope, via fax or email.

I hereby authorize you to furnish the information requested below:

Date _____ Signature _____

Name of Employee _____ SSN _____

Address _____

To Be Completed by Employer

Date Employed Start Date: _____ End Date: _____ Title: _____

Base hours worked per week _____ Average overtime hours per week _____

RATE OF PAY: Per Hour \$ _____ Per Day \$ _____ Per Week \$ _____ Per Month \$ _____

FREQUENCY OF PAY: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____

Average Production Rate Per Hour \$ _____ Overtime Rate Per Hour \$ _____

Effective date of present pay rate: _____ Increase anticipated Yes No

Amount of anticipated increases \$ _____ Effective date of increase: _____

Bonus, tips, and/or commissions received per week \$ _____

INCOME FOR: Past 12 Months _____ or Year-To-Date \$ _____ Ending Payroll Date _____

Employer _____ Phone _____

Address _____

Employer Signature

Title

Date