VERIFICATION OF EARNINGS

IF EMPLOYED, FORM MUST BE COMPLETED BY EMPLOYER:
If not employed, you must sign, date and write N/A across the form.

Re: _____ _____
Tenant/Applicant's Name Social Security Number

The above named person has given you as an employer reference. The United States Housing Act of 1937, as amended, requires us to obtain verification of annual income of families admitted to the Housing Assistance Payments Program and periodically to review income during the family's lease for the purpose of determining eligibility.

Please fill in all of the blanks below which apply to the above named employee and be assured that your reply will be kept confidential. It will be appreciated if you would answer this inquiry as soon as possible and return it to us.

JEFFERSON COUNTY HOUSING AUTHORITY

By: _____ _____
JCHA Representative Date

Please furnish the information requested below.

_____
Tenant/Applicant Signature **Date**

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THIS PORTION TO BE FILLED OUT BY TENANT'S EMPLOYER AND FAXED TO (303) 422-3229.

Date employed: _____ Occupation: _____

Basic rate of pay per hour: $ _____ Hours worked per week: _____

Overtime rate of pay per hour: $_____ Hours of overtime per week: _____

Commission per week: $ _____ Tips per week: $ _____

Anticipated Pay Increase: $ _____ per hour. Date of increase: _____

Date Terminated from employment
_____

Signature/Title: _____

Company: _____

Address/State/Zip: _____

Telephone Number : _____

Return this form to:
JEFFERSON COUNTY HOUSING AUTHORITY
7490 West 45th Avenue
Wheat Ridge, CO 80033
ATTN:
303-422-3229/fax