



ORANGE COUNTY HOUSING AUTHORITY

Verification of Employment Income

Head of Household Name: _____ Social Security Number _____

Unit Address – Street: _____ City: _____ State: _____ Zip: _____

PURPOSE:

I hereby give consent for the employment verification information to be released as requested which is necessary for the determination of eligibility and level of housing rental assistance on my behalf.

Employee/Household Member: _____ SSN#: _____

Employee/Participant's Signature: _____ Date: _____

Dear Employer: We are required by HUD Regulations to verify the income of all applicants and tenants in our housing programs. We ask for your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining family eligibility and rent. Thank you for your assistance.

EMPLOYEE/PARTICIPANT EMPLOYMENT DETAILS:

Employment Start Date: _____ Employment Termination Date (if applicable): _____

Job Title: _____

Salary/Base Pay Rate: \$ _____ Per: Hour Week Bi-Weekly Monthly Semi-Monthly

Average Hours Worked at Base Pay Rate: _____

Is this person likely to receive Overtime? YES NO If yes, Overtime Pay Rate: \$ _____

Average Number of Overtime Hours Expected During the Next 12 Months: _____

Total Gross Pay Amount Received Year to Date: \$ _____ As of Period Ending Date: _____

Additional Comments/Notes: _____

EMPLOYER INFORMATION:

Company/Firm Name: _____ Contact Name & Title: _____

Address/Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Employer Signature: _____ Date Completed: _____

Once form is completed, return it to this office either via fax 919-944-8496 or via email to: hcv@orangecountync.gov.

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Hillsborough Office
300 W. Tryon Street
Hillsborough, NC 27278

Chapel Hill Office
2501 Homestead Road
Chapel Hill, NC 27516

Telephone (919) 245-2490 • Fax (919) 944-8496