



## Employment Verification Form

Applicant/Tenant (Print Name): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Name & Number City State Zip

I hereby authorize my employer to release all of my income information to The Housing Authority of the City of Lumberton.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

### For Employer's Use Only

Please complete the following form and return your reply to the address stated above. All information will be in confidence. Your immediate attention is greatly appreciated.

Title of Position Held: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Present Status: \_\_\_\_\_

Wages Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Hourly Rate: \$ \_\_\_\_\_ If hourly, indicate number of hours worked per week: \_\_\_\_\_

Gross Pay Rate: \$ \_\_\_\_\_

Gross Amount Paid Year to Date: \$ \_\_\_\_\_ as of \_\_\_\_\_

Last 6 Pay Dates	Number of Hours Worked	Gross Wages	Tips/Bonuses

\_\_\_\_\_  
[Signature of Authorized Person]

\_\_\_\_\_  
[Date]

Employer's Phone: \_\_\_\_\_ Employer's Email: \_\_\_\_\_