

Raleigh Housing Authority

Leased Housing Department

VERIFICATION OF EMPLOYMENT FORM

Forms with white-out or that have been marked through will not be accepted, no exceptions.

Date: _____

Applicant/Tenant: _____ SS#: _____ (Last four (4) digits)

Unit Address: _____

The individual named above has applied for tenancy or is currently participating on the Housing Choice Voucher Program with the Raleigh Housing Authority. The Raleigh Housing Authority is subject to Federal Regulations which require verification of information supplied by applicants/tenants regarding their **annual gross income**. Please have the Human Resources or Payroll Department Manager to complete this form supplying all of the information requested as soon as possible. The employee should return this form to the Raleigh Housing Authority.

Employer - thank you for the accurate and timely completion of this form. We greatly appreciated your assistance!

Applicant/ Tenant: If you have been working for ninety (90) days or longer, you must also complete a Change of Status Income Form and attach the last four (4) consecutive check stubs you received when you submit this form.

The applicant/tenant has consented to the release of information by their signature below or on the attached Authorization for Release Form.

Applicant/Tenant Signature _____

Date _____

The following information is requested in order to project the anticipated ANNUAL GROSS INCOME reasonably expected to be received by the applicant/tenant for his/her employment over the NEXT 12-MONTH PERIOD.

Employee Position or Title: _____

Employment Status: Full-time Part-time Temporary: Assignment End Date: _____ Other _____

Job Status: 9 Months 10 Months 11 Months 12 Months

Date of Hire: _____ Date of Re-Hire/Re-Start: _____ Date of Termination: _____

All the questions below must be completed in order for this form to be accepted. If a question does not apply, please indicate this with "N/A".

1. Employee Annual Gross Pay Before Deduction/Taxes

Please provide the amount of ANNUAL gross pay including overtime pay and any salary/wage adjustments anticipated over the next 12 months:

\$ _____

2. Other Compensation

Do you reasonably expect employee to receive other compensation not included above? Yes No

If yes, please provide total ANNUAL amount of "Other Compensation" anticipated over the next 12 months (e.g. bonus, tips, commission, other):

\$ _____

3. Total Gross Earnings Anticipated For The Next Twelve Months

(Includes all salary/wages, tips, bonuses, overtime, commissions, other): (Total of Lines 1 + 2)

\$ _____

Other remarks/comments regarding employee's income: _____

Warning: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Privacy Act Notice: The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.

Violence Against Women Act (VAWA) Notification: VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

Right to Reasonable Accommodation: Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

Print Name/Title of Person Supplying Information _____

Print Name of Firm/Organization/Agency _____

Business Telephone and Fax numbers _____

Signature _____

Date _____