



Yolo County Housing

147 W. Main Street
WOODLAND, CA 95695

Woodland: (530) 662-5428
Sacramento: (916) 444-8982
TTY: (800) 545-1833, ext. 626

Request for Verification of Employment Income

To: _____

Date: _____

Attention: Personnel Department

RE: Employee: _____

Social Security Number: _____

Address: _____

Occupation: _____

Employee #: _____

The above named person is applying for, or participating in, a federally assisted housing program operated by the Housing Authority. Written verification of income is required in order to determine eligibility and the amount of rent that he/she is to pay. Your prompt return of this form in the enclosed pre-paid envelope will be appreciated.

Housing Authority Representative: **Masud Chaudry (530) 669-2250 or Fax (530)669-2241**

I hereby authorize my employer to release the information requested directly to the Housing Authority.

Employee Signature: _____

Date: _____

Verification of Employment Income (Please complete whether currently employed or not)

1. Date employment began: _____ Occupation: _____

2. Date employment terminated: _____ Re-employed: _____

3. Base pay: \$ _____ per: [] hour [] day [] week [] month [] year
Date present rate effective: _____
Average hours per week at base pay rate: _____ Average weeks per year at base pay rate: _____
Change in base rate anticipated during next 12 months to \$ _____ per _____
Overtime pay: \$ _____ per hour Expected overtime during next 12 months: _____ hours per week
Earnings year to date: \$ _____

4. Amount deducted per pay period for health insurance:\$ _____ per _____

5. Amount vacation pay:\$ _____ per _____

6. Amount sick leave:\$ _____ per _____

7. Total earnings in past 12 months: \$ _____ Base pay \$ _____ Bonus \$ _____ Overtime \$ _____

8. If employer is landlord, is a rent reduction given? [] No [] Yes Amount \$ _____

9. Do federal funds pay for any part of salary? [] No [] Yes Amount \$ _____

If yes, name of federal program: _____

Signature: _____

Company: _____

Name (print/type): _____

Address: _____

Title: _____

Phone Number: _____

Date: _____

