ROSEVILLE HOUSING AUTHORITY
311 VERNON STREET • ROSEVILLE, CA 95678
(916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

EMPLOYMENT VERIFICATION

I,_____, Last 4 Numbers of Social Security #_____

do hereby authorize my employer to release information to the Roseville Housing Authority.

Date_____ Signature_____

Employer/Firm Name_____ Fax_____

Address_____
City State Zip

Applicant/Participant: Complete the above portion only and return this form to Roseville Housing Authority

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EMPLOYER SECTION:

The Roseville Housing Authority is required to verify the income of all members of families applying for Housing Assistance and annually determine the families' eligibility. To comply with this regulation, we ask your cooperation in completing the section below.

INFORMATION TO BE COMPLETED BY PAYROLL OR PERSONNEL DEPT. ONLY.

1. Employed since_____Occupation or job title_____

2. Salary_____or rate per hour_____Weekly_____Monthly_____

Date present rate effective_____Average hours per week_____
Overtime: _____
Expected # of overtime hrs. anticipated in next 12 mos._____Overtime rate per hour_____

Any other compensation (meals, tips, commissions, etc.)_____

3. Total base earnings for past 12 months.....$_____

Total bonus pay for past 12 months.....…$_____

Total overtime pay for past 12 months.....$_____
Date last worked (if no longer employed)_____

Signature of person completing form: _____Title_____
Telephone:_____ Date:_____

Section 35(a) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, $10,000 fine, or both, to make a false statement or representation to any department or agency of the United States Government. This information is requested by the Housing Authority of the City of Roseville, in its capacity as a City, State and Federal Agency.

Please return this form to: Roseville Housing Authority
311 Vernon Street, Roseville, CA 95678
PH. # (916) 774-5270 or **FAX: (916) 746-1295**
Attn: _____
Program Specialist/Technician