



Employment Verification Form

450 Walker St. NE • PO Box 2846
Cleveland, TN 37320-2846

Phone 423.479.9659 • Fax 423.339.5984
TDD/TTY 800.545.1833 ext 886

ClevelandHousingAuthority.org   

Employer's Name: _____
Date _____ RE: _____ SSN: _____

To Whom It May Concern:

The individual named above is an applicant/tenant for housing assistance which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office at the number listed above. Thank you for your cooperation.

Sincerely,
CHA Management

I have no objection to the information being furnished directly to the Cleveland Housing Authority.

Applicant/Tenant Signature _____

Employee Hire Date: _____ Termination Date (if applicable): _____

Occupation: _____ Average Number of Hours Worked Per Week: _____

Pay Rate: \$ _____ Per: Weekly Bi-Weekly Monthly Other (Specify): _____

Date Pay Rate Became Effective: _____ Estimated Overtime Hours Worked Per Pay Period: _____

Overtime is Compensated at: Regular Rate Time and a Half

Gross Annual Earnings for the Next 12 Months Including Tips, Bonuses, Commission, etc: \$ _____

Anticipated Tips, Commission, Bonuses, etc: \$ _____

Does This Employee Receive: Vacation Pay? Yes No Sick Leave With Pay? Yes No

Is This Work Considered Seasonal? Yes No If Yes, Please Indicate Lay-Off Periods: _____

Is This Employee Entitled to Unemployment Compensation During Lay-Off Periods? Yes No

Signature of Person Completing Form

Title

Phone Number

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.