

Housing Authority of the City of Heber Springs

400 E. Spring St. P.O. Box 900 Heber Springs, AR 72543 | Phone: 501.362.6108 | Fax: 501.362.7818 | www.hspha.com

EMPLOYMENT VERIFICATION FORM

EMPLOYER

EMPLOYEE

ADDRESS

SOCIAL SECURITY NO.

PHONE #

The Housing Authority is legally required to verify the income of families who apply for assistance. The above named person gave your name as an employer.

Your cooperation in supplying information relative to his/her employment and income herein requested will be greatly appreciated. Information in this report will be held in confidence.

Sincerely,

OHA Official

I HEREBY AUTHORIZE YOU TO FURNISH ALL THE INFORMATION REQUESTED BELOW:

EMPLOYEE

DATE

TO BE FILLED OUT BY THE EMPLOYER:

EMPLOYMENT DATES: FROM _____ TO _____, 20____

JOB TITLE: _____

INCOME: HOURLY RATE OF PAY _____ REGULAR AVERAGE OF HOURS _____
PER WEEK

OVERTIME HOURLY RATE _____ AVERAGE OF OVERTIME _____
HOURS PER WEEK

TIPS PER WEEK _____

DATE EMPLOYEE BEGAN RECEIVING THIS AMOUNT _____

AMOUNT EARNED AS TAKEN FROM THE ARKANSAS WORKFORCE COMMISSION EMPLOYERS QUARTERLY

REPORT \$ _____ JAN, FEB, MARCH \$ _____ JULY, AUG, SEPT

\$ _____ APRIL, MAY, JUNE \$ _____ OCT, NOV, DEC

REMARKS: _____ Phone # _____

SIGNATURE

TITLE

DATE