



Searcy Housing Authority
 501 South Fir Street
 Searcy, Arkansas 72143
 Phone: 501-268-8547 Fax: 501-268-7320

APPLICANT

INCOME VERIFICATION

****THIS FORM MUST BE FILLED OUT BY EMPLOYER****

EMPLOYER, PLEASE RETURN ASAP BY MAIL OR FAX TO SHA, NOT TO EMPLOYEE

EMPLOYER: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ FAX Number: _____

Signature: _____ Title: _____ Date: _____

The named employee has applied for/or is receiving rental assistance through our Housing Assistance Program. Because rent is based on income, Federal Regulations require us to check all income at its source to properly establish the rent. Your prompt reply will be appreciated.

EMPLOYEE _____ Social Security Number _____ Job Title _____

Date employment began _____ Present rate of pay per hour _____ Overtime rate per hour _____ Hours worked weekly _____

Employee is paid: Monthly Weekly Bi-Weekly Semi-Monthly Other
 Employment is: Permanent Temporary Part-Time Seasonal

Please list the last 8 consecutive pay periods of GROSS WAGES, including vacation pay and bonuses.

Pay Period Ending	Date Received	Hours Worked	Overtime Hours	Gross Wages	Tips	Bonus/Commission

If not currently employed, what was the date and reason for leaving this job. _____

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 U.S. as to any matter within its jurisdiction.

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.