

**ELGIN HOUSING AUTHORITY
EMPLOYMENT INCOME VERIFICATION**

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8. We ask your cooperation by supplying the information requested below. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

Please complete the form below and return it to the Elgin Housing Authority by e-mail within 5 days.

Sincerely yours,
Michelle Taylor (e-mail: michelle_elginhousing@mail.com)
Phone: 512-281-2772 ext. 2
Housing/Section 8 Occupancy Professional

Employee Name: _____ **Employer:** _____

1a. Employment Start Date: _____ **1b. Employment End Date:** _____

1c. Leave of Absence: Start Date: _____ End Date: _____ Paid Leave Y / N

2. Job Title: _____

3. Pay rate per hour: \$ _____ 4. Average hours worked at Base Pay Rate: _____ hrs/week

5. Is this person likely to get Overtime? __Yes__ No If yes, Overtime Pay Rate \$ _____ /Hr

6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month

7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?

For _____ \$ _____ per _____

8. Is pay received for vacation? __Yes__ No If yes, number of days/year: _____

9. Total Base Pay Earnings for last 12 months: \$ _____

10. Total Overtime Earnings for the last 12 months: \$ _____

This form is to be returned by the employer via fax or e-mail.

It is NOT TO be returned with participant. Forms delivered by participant will not be accepted.

Please provide a contact number or email for additional verification, if necessary.

Employer Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Contact Phone#: _____ Contact E-Mail: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date