

SPRINGDALE HOUSING AUTHORITY

P.O.Box 2085
Springdale, Ar. 72765

Phone: 479-751-0560

5 Applegate Drive
Springdale, AR 72764

Fax: 479-756-8059

EMPLOYMENT VERIFICATION FORM

Date: _____ Name: _____ SSN: _____

Employer Name _____

Employer Address: _____

In order to establish their eligibility for occupancy in Housing, the Housing Authority is required to verify the incomes of all tenants and prospective tenants of Housing Projects. The person identified above has informed us that he/she is now, or has within the past 12 months, been employed by your firm. Your cooperation and prompt return of the information requested below will be appreciated and will benefit your employee. Such information will be held in strict confidence and used only by the Housing Authority as legally necessary.

_____, Housing Authority Representative

Employed From: _____ To: _____

Occupation: _____

Employment is _____ Permanent _____ Temporary _____ Seasonal

**Please attach a computer generated payroll history
or check stubs if available.**

Current Pay Rate \$ _____ per hour. Effective Date _____

Overtime Rate \$ _____ per hour.

Average Number of Hours per Week Regular _____ Overtime _____

Estimated Amount of: Tips \$ _____ Per _____

Bonus \$ _____ Per _____

Commission \$ _____ Per _____

Your Estimate of Anticipated Total Earnings Next 12 Months \$ _____

How often paid? _____ weekly _____ bi-weekly _____ monthly _____ on the 15th of every month _____ other.

Business name: _____

Address: _____

Phone: _____ Fax: _____

By (Your Name): _____

Title: _____

Date: _____