GEORGIA DEPARTMENT
of **COMMUNITY AFFAIRS**

Employment Verification

Head of Household Name _____   **Household Member Name** _____

The person identified above is applying for or receiving assistance from the Georgia Department of Community Affairs (DCA) Housing Choice Voucher Program. We are required by federal regulations to verify income of the Head of Household and family members through third party sources. Attached is a statement from the family member authorizing the release of information from your agency. Please complete the information and return this form to the DCA Regional Office indicated below. Your prompt attention is appreciated.

- ❖ **EMPLOYMENT DATA:**
    a) Date of Initial Employment: _____
    b) Present Position: _____
    c) Date of Employment Termination (if applicable): _____
    d) Current Address on File: _____
- ❖ **CURRENT BASE PAY:**
    a) Amount of GROSS pay: $_____
    ( )Hourly ( )Daily ( )Weekly ( )Monthly ( )Annually ( )Other (specify) _____
- ❖ **DURATION OF PAY:**
    a) Anticipated number of hours worked per week: _____
    - If hours vary or are not guaranteed, please average
    b) Amount paid per hour: $_____
    c) Anticipated number of weeks PAID per year: _____
      Paid: ( )Daily ( )Weekly ( )Bi-Weekly ( )Semi-Monthly ( )Monthly
    d) Pay increase date: _____   Amount: $_____
    _____ $_____
- ❖ **ADDITIONAL EARNINGS:**
    a) Check the type and enter the amount NOT included in base pay:
    ( )Bonus $_____ ( )Commission $_____ ( )Tips $_____ ( )Overtime $_____
- ❖ **DEDUCTIONS:** (Medical/hospitalization insurance deducted from pay. Amount and period)
    ( )Daily $_____ ( )Weekly $_____ ( )Bi-Weekly $_____ ( )Monthly $_____ ( )Semi-Monthly $_____
- ❖ **OTHER INCOME:** (List the amount and source of income in addition to employment income)
    Source: _____
- ❖ **MISCELLANEOUS:** (Enter the amount and number of weeks Worker's Compensation Benefits were paid and attach award letter, if applicable)
    Number of weeks paid: _____   Amount: $_____

I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____   _____   _____

Signature   **Print Name and Title**   **Date**

_____

Address of Company

_____

Phone Number