

The Housing Authority of the City of Charleston
Section 8 Office
550 Meeting Street
Charleston, South Carolina 29403
Telephone (843) 723-4491 Fax (843) 720-5349

EMPLOYMENT VERIFICATION

DATE	APPLICANT/TENANT NAME
EMPLOYER NAME	APPLICANT/TENANT SSN#
EMPLOYER ADDRESS/PHONE	APPLICANT/TENANT ADDRESS

The law under which federally subsidized housing was established requires a determination of the household income of all families participating in the program in as much as their contribution towards the rent is based on this household income. Such a determination is made at the time of acceptance and is reviewed annually thereafter.

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

If you have any questions, please contact us at the telephone number listed above. Your cooperation is appreciated.

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1. Date employment began _____ and ended (if applicable) _____.
 2. Occupation _____.
 3. Average number of hours worked per week _____ rate of pay _____ per _____ (hour, week, month, year , etc). Is overtime compensation at regular rate of pay or a time and a half? _____.
 4. Date pay rate became effective _____. Estimated overtime hours worked per pay period _____.
 5. Gross annual earning anticipated for this employee for the next twelve (12) months (including tips, bonuses, commissions, overtime, etc) _____.
 6. Is it anticipated that the employee's rate of pay or hours will change in the near future? _____
 If yes, revised rate of pay/hours _____ effective _____.
 7. Does employee receive vacation and/or sick leave with pay? _____
 8. Is this employee's work considered seasonal or sporadic? _____ If yes, indicate lay-off periods _____.
 Is the employee entitled to unemployment compensation during lay-off periods? _____.
 9. What amount, if any, is deducted from employees check for health insurance premiums? _____.
 At what rate is the deduction, if any, made _____ (weekly, monthly, other, specify)?
 10. Additional comments _____.

 SIGNATURE OF PERSON COMPLETING FORM/ DATE

 TELEPHONE NUMBER

 HOUSING AUTHORITY REPRESENTATIVE/TITLE

 TELEPHONE NUMBER

YOU HAVE MY PERMISSION TO VERIFY THE ABOVE INFORMATION.

 APPLICANT/TENANT

