

# PUBLIC HOUSING AGENCY

SAINT PAUL

555 North Wabasha Street, Suite 300  
Saint Paul, Minnesota 55102  
651-298-5158 • Fax 651-292-7917  
Hearing Impaired-Minnesota Relay: 711

\_\_\_\_\_  
Resident/Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Resident/Applicant Unit I.D.      Resident Soc. Security #

## Employment Verification

The person identified above is an applicant for, or a resident of, a federally assisted rental program administered by the Public Housing Agency (PHA). We are required to verify the income of all residents/applicants for admission to, or continuance in, the Rental Assistance Program. Please supply the information requested below as soon as possible. A self-addressed, stamped envelope has been enclosed for your convenience.

PHA Representative \_\_\_\_\_ Date \_\_\_\_\_ Phone (651) \_\_\_\_\_

**I authorize the company identified above to provide to the PHA information concerning my employment and wages, as specified on this form. This information will only be used to determine my eligibility for admission to, or continuance in The Rental Assistance Program. I understand that this information will be kept confidential.**

\_\_\_\_\_: I am also aware that the PHA may access The Work Number (Equifax) to obtain my employment  
(Initials) and wage information, along with any other employment and wages reported by employer(s) other than the company identified above, for which the PHA has the right to review, question, and use.

Resident/Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Employee: \_\_\_\_\_ SS# \_\_\_\_\_

Address of Employee: \_\_\_\_\_

**GROSS EARNINGS** during the past 12 months from \_\_\_\_\_ to \_\_\_\_\_ were \$ \_\_\_\_\_

If employed less than 12 months, earnings from date of employment through \_\_\_\_\_ were \$ \_\_\_\_\_

**Average Number of Hours Per Week:** **Straight Time:** \_\_\_\_\_ **Hourly Wage \$** \_\_\_\_\_

Overtime \_\_\_\_\_ Hourly Overtime Wage \$ \_\_\_\_\_ Overtime is: Regular \_\_\_\_\_ Sporadic \_\_\_\_\_

Amount of bonus, incentive pay, commission and/or tips: \$ \_\_\_\_\_ Effective \_\_\_\_\_

**Previous Base Pay Rates:** \$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_\_

If known, expected change of rate of pay: \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

**Is this position funded by TITLE V FUNDS?**  Yes  No **Is this position funded through a school work-study program?**  Yes  No

Original Date of Hire: \_\_\_\_\_ Re-hired: \_\_\_\_\_

**TERMINATION DATE:** \_\_\_\_\_ Employee's Title/Occupation \_\_\_\_\_

Do you anticipate that this employee will remain with your firm for the next 12 months?  YES  NO

If seasonal or sporadic employment, give usual lay-off periods \_\_\_\_\_

### PAYROLL DEDUCTIONS:

Health Care: \$ \_\_\_\_\_ Per Month Dental \$ \_\_\_\_\_ Per Month: Other \_\_\_\_\_

**COMPLETED BY** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMPLOYER'S PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**RETURN TO: PHA Management Office** \_\_\_\_\_ **PHA Rental Office** \_\_\_\_\_