



Verification of Employment

The Department of Housing and Urban Development (HUD) requires verification of information received by a person receiving or applying for assistance. We are writing to ask you to verify certain information about:

Employee Name

Employer Name: _____

Employment Start Date: _____

Employee Paid (circle one)
weekly/ bi-weekly/ semi-monthly/ monthly

Base Pay Rate: \$ _____

Average Hours Per Week: _____

Overtime (if applicable):
Hourly Rate: \$ _____

Average Hours Per Week: _____

To report a recent change in income:

Income Increase/ Income Decrease (circle one)

Amount: \$ _____

weekly/ bi-weekly/ semi-monthly/ monthly

Date of Change: _____

Monthly Gross: \$ _____

Additional Employment Income (tips, bonus, etc.):

Type: _____

Amount: \$ _____

If the person's employment terminated, please enter the date of termination: _____

Certification (Individual Supplying the Information):

Name (Print): _____

Signature: _____

Title: _____

Date: _____

Organization: _____

Phone: _____

