



PO BOX 627 – 945 Hout Circle, Newport, AR 72112
 Office: 870-523-2195 : Fax 870-523-2232
 Email: newporthousing@sbcglobal.net

VERIFICATION OF INCOME AND EMPLOYMENT

EMPLOYER: _____

DATE: _____ RE: _____ SS#: _____

In order to establish their eligibility for continued occupancy in public housing, the Housing Authority is required to verify the income of all residents once a year. The person identified above has informed us that he/she is now or has within the past 12 months been employed by your company. Your cooperation and prompt return of the information requested below will be appreciated and will benefit your employee.

Thank you,
 Newport Housing Authority

Employed from _____ to _____

If unemployed, reason for termination: _____

Occupation: _____

Employment Is: [] Permanent [] Temporary [] Part-Time [] Seasonal

Currently Employed? Y or N If yes, paid how often: [] Monthly [] Bi-Weekly [] Weekly [] Other

Current Base Pay Rate \$ _____ per _____. Effective Since: _____

Overtime Rate \$ _____ per _____.

Normal Hours Worked Per Pay Period: _____. Average Overtime: _____

Actual earnings during the past 12 months or period of employment if less than 12 months.

From _____ to _____ \$ _____

Your estimate of anticipated total earnings for next 12 months: \$ _____

Date: _____ Company: _____

Phone#: _____ By: _____

Title: _____