



THE TOPEKA HOUSING AUTHORITY

2010 S.E. California Ave Topeka KS 66607
Phone (785) 357-8842 FAX (785) 357-2648

EMPLOYMENT VERIFICATION

Employer	Phone
Employer Address	FAX
Employer City, State, ZIP	

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

Applicant – Printed Name	Social Security Number
Applicant Signature	Date

STOP HERE – THE SECTION BELOW IS TO BE COMPLETED BY THE EMPLOYER**Please provide information on Gross Earnings based on the employee's current employment status.**

Currently Employed?	Current Wage/Salary \$ _____
<input type="checkbox"/> YES Date Hired _____	(Check one) <input type="checkbox"/> Per Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
<input type="checkbox"/> NO Last Day of Employment _____	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____

Please provide the most recent 12 months of payroll history

Average number of hours worked per week _____	Gross Year-to-Date Earnings \$ _____
	From ____/____/____ To ____/____/____

Is Shift Differential pay received for any of the hours worked?	If <u>yes</u> , average number of hours per week for which Differential pay is received _____ Hours	Shift Differential rate of pay \$ _____ per hour
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Is Overtime Pay received for any of the hours worked?	If <u>yes</u> , average number of hours per week for which Overtime Pay is received: _____ Hours	Overtime Rate \$ _____ per hour
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Bonus, incentive, commission and/or tips?	\$ _____ (Check one)	<input type="checkbox"/> Per Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	

List any anticipated change in the employee's rate of pay within the next 12 months \$ _____ per _____	Effective Date ____/____/____
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If the employee's work is seasonal or sporadic, please indicate the layoff period(s).

Anticipated Layoff Dates: _____ to _____ Total: Days _____ Weeks _____ Months _____

Additional Remarks

Printed Name of Preparer	Phone
Signature of Preparer	Date

Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

Housing Specialist

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