WASHINGTON COUNTY HOUSING AUTHORITY
100 S. FRANKLIN STREET WASHINGTON, PA. 15301

Housing Choice Voucher

Date _____ SS# _____

Employer _____ EMPLOYEE _____

Address _____

_____

_____

RELEASE: I hereby authorize the release of all information relative to my earnings to Washington County Housing Authority.

Signature _____

To the Employer

We are required by law to verify the income of all members of families applying for or participating in the Housing Choice Voucher Program. To comply with this requirement, we ask your cooperation in supplying information regarding income of the above mentioned employee.

Is the above named employee a Home Health Aide? Yes ☐ No ☐, if yes and the employee is not working due to not having clientele, please complete the entire form.

INSTRUCTIONS: Check below only those items which apply to the employee. Complete and sign the form and return it to the Authority.

HIRE DATE: _____ TERMINATION DATE: _____

PLEASE ATTACH A WAGE PRINT-OUT IF AVAILABLE

PRESENT HOURLY RATE _____ AVERAGE HOURS PER WEEK WORKED _____

OVER TIME RATE _____ AVERAGE HOURS PER WEEK WORKED _____

COMMISSIONS OR BONUS _____

TIPS _____

PAY PERIOD (PLEASE CHECK ONE)

WEEKLY _____ BI-WEEKLY _____ SEMI-MONTHLY _____ MONTHLY _____

Effective date of increase or decrease: _____

EMPLOYER INFORMATION:

CERTIFICATION:

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS FORM OR PRINT-OUT IS TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____

Please print name of Representative Title of Representative

_____ _____ _____

Signature of Representative Telephone Number Date