



Sarasota Housing Authority

Verification of Employment Income

To the Employer:

As an applicant/participant in the Housing and Urban Development (HUD) Housing Rental Assistance Program, I am required to provide information concerning employment income. The wages will be counted as part of household income for rent calculation purposes. Please complete this form and return it directly to the Sarasota Housing Authority at the address or fax below:

Sarasota Housing Authority

Attention: **Blanca Lebron**

1300 Boulevard of the Arts

Sarasota, Florida 34236

Fax (941) 373-7088

Your prompt cooperation in supplying the requested information is appreciated. If you have any questions about this form or what the information will be used for, please call Blanca LeBron at the Sarasota Housing Authority at (941) 361-6210 ext. 226

Name of Employer

Employer Fax

Print Name or Employee
Authorization of Release of Information

Employee Signature

Social Security Number

Date

To be Completed by Employer

Employment – Starting Date _____ Ending Date _____

Scheduled hours of work (8 to 5, etc.) _____ to _____ Job Title _____

Number of hours worked _____ per (circle one) Week Month Year

Gross wages (include tips/commissions) \$ _____ per (circle one) Hour Week Month Year

Deductions for medical insurance premiums \$ _____ per (circle one) Week Month Year

Remarks _____

Signature of Employer _____ Date _____

Name of Verifier _____ Name of Company _____

Street Address _____ Telephone Number _____

City State and Zip Code _____ Fax Number _____

Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully make or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.



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As an applicant/participant in the Housing and Urban Development (HUD) Housing Rental Assistance Program, I am required to provide information concerning employment income. The wages will be counted as part of household income for rent calculation purposes. Please complete this form and return it directly to the Housing Authority of the City of Aiken at the address or fax below:

Sarasota Housing Authority
Attention: **Maria Guerra**
1300 Boulevard of the Arts
Sarasota, Florida 34236
Fax (803) 373-7088

Your prompt cooperation in supplying the requested information is appreciated. If you have any questions about this form or what the information will be used for, please call Maria Guerra at the Sarasota Housing Authority at (941) 361-6210 ext. 230

Name of Employer

Print Name or Employee
Authorization of Release of Information

Employee Signature

Social Security Number

Date

To be Completed by Employer

Employment – Starting Date _____ Ending Date _____

Scheduled hours of work (8 to 5, etc.) _____ to _____ Job Title _____

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