

Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

EMPLOYMENT VERIFICATION FORM

DATE: _____

APPLICANT/TENANT (PRINT NAME): _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE ALL OF MY INCOME INFORMATION TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY.

SOCIAL SECURITY NUMBER: _____

SIGNATURE OF APPLICANT/TENANT: _____

FOR EMPLOYER'S USE ONLY

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN YOUR REPLY TO THE ADDRESS STATED ABOVE. ALL INFORMATION WILL BE IN CONFIDENCE. YOUR IMMEDIATE ATTENTION IS GREATLY APPRECIATED.
-THE TOWN OF HUNTINGTON HOUSING AUTHORITY

TITLE OF POSITION HELD: _____

DATE HIRED: _____ PRESENT STATUS: _____

EMPLOYMENT END DATE: _____ LEAVE W/PAY?: YES / NO

WAGES PAID (CIRCLE ONE): WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

HOURLY RATE: _____

IF HOURLY, INDICATE NUMBER OF HOURS WORKED PER WEEK: _____

GROSS RATE OF PAY: \$ _____

AMOUNT PAID GROSS YEAR TO DATE: \$ _____ AS OF: _____

SALARIED EMPLOYEE: _____

DOES THE EMPLOYEE RECEIVE THE FOLLOWING?:

____ NIGHT DIFFERENTIAL _____ PERIODS OF VACATION WITH PAY
____ COMMISSION _____ TIPS _____ BONUS _____ OVER-TIME _____ OTHER

IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY: _____

DATE: _____

SIGNATURE OF AUTHORIZED PERSON

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.

