



Holyoke Housing Authority

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION AGENCY
ADMINISTRATION BUILDING, 475 MAPLE STREET, Ste 1
HOLYOKE, MA 01040-3798
TELEPHONE 413-539-2220, FAX 413 -539-2227

**EMPLOYMENT
VERIFICATION
SECTION 8**

To: _____ Re: _____

SSN: _____

The Holyoke Housing Authority is required by HUD regulations to verify income from all sources for families applying for admissions or continued occupancy in public housing. We are asking your cooperation in supplying the data requested below from your payroll and personnel records. We assure you this information will be kept in strict confidence.

Information Requested by _____ Date _____

Employment Data:

When did this person start employment at this firm? _____
Has this person worked continuously since the above date? Yes _____ No _____
Occupation Description _____
Part Time _____ Full Time _____ Seasonal _____
Funded under Job Training Partnership Act; Title V; other government program? (please specify) _____
Number of hours worked per week _____ (if this varies, please use an average)

Compensation Data:

Please base answers on employee's **gross** wages.

Method of Employee Payment: Check all that apply

1) Salary _____ 2) Hourly Rate _____ 3) Commission _____ 4) Other _____

1) For **Salary**: Describe current arrangement \$ _____ per _____
Will this salary change in the next 12 months? Yes _____ No _____
If yes, new amount \$ _____ Effective Date _____

2) For **Hourly Rate**: Current gross rate per hour \$ _____
Will this rate change in the next 12 months? Yes _____ No _____
If yes, new amount \$ _____ Effective Date _____

Average number of hours worked per week _____
Will these hours change in the next 12 months? Yes _____ No _____
If yes, new amount _____ Effective Date _____

Does the employee work overtime? Yes _____ No _____
Average number of overtime hours per week _____ Rate of pay for overtime \$ _____
If yes, new amount _____ Effective Date _____