



Seattle Housing Authority

101 Elliott Ave W, Suite 100
Seattle, WA 98119-4293

206.615.3300
seattlehousing.org

EMPLOYMENT VERIFICATION

Section 1: Fill out this section before taking it to your employer

By signing here, I give my permission to my employer to complete this form for the Seattle Housing Authority Housing Choice Voucher program.

Print your name here:	Date	Signature
-----------------------	------	-----------

Name of company / employer:

Street Address of employer	City	State	ZIP
----------------------------	------	-------	-----

Section 2: The Employer who knows the employment and pay information fills out this section.

Current or former job title _____

Hire date _____ Last day of employment, if applicable _____

Rate of pay \$ _____ Average hours worked per week _____

Type of employment Full time Part time Temp Seasonal Training program
(check all that apply) Work-study Other:

Gross year-to-date earnings \$ _____ From ____ / ____ / ____ to ____ / ____ / ____

Overtime rate \$ _____ Average overtime hours per week _____

Shift differential rate \$ _____ Average shift differential hours per week _____

Average tips, commissions, bonuses, etc. \$ _____ per

Do you anticipate any increase or decrease in the pay rate or average number of hours worked per week in the near future? No Yes, type of change and effective date:

Additional remarks:

Name of person completing form (please print) _____
Title _____ Signature _____
Phone _____ Date _____

Thank you for your prompt assistance in returning this form to Cert Spec Name 206-239-Ext_.