



Division of Tenant Resources

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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FORM 4. VERIFICATION OF WAGES

<p>The purpose of this form is to verify the wages of each household member. Each employed household member must complete this form if the below are not available:</p> <ul style="list-style-type: none"> Recent consecutive pay stubs stating gross wages (2 if paid monthly, 3 if paid bi-weekly, 6 if paid weekly) Letter from employer stating gross wages and work hours <p align="center">SECTION A TO BE COMPLETED BY EMPLOYED HOUSEHOLD MEMBER SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY CURRENT EMPLOYER</p>	Have you completed this form?	
	Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

SECTION A (to be completed by EMPLOYEE)

Name of Employee: _____ Social Security Number: _____

SECTION B (to be completed by EMPLOYER)

Company: _____ Address: _____

Employer Representative: _____ Title: _____ Telephone: _____

Type of Income	Amount	Pay Frequency (Hourly, Bi-weekly, Monthly, Annual) Write in Below	Average hours worked per pay period
Current gross wages:	\$		
Gross wages in the past 12 months	\$		
Overtime:	\$		
Bonus, commission, or tips:	\$		
Armed Forces wages for exposure to hostile fire:	\$		
Future gross wages: (If wages are expected to increase, please indicate date effective: ___/___/___)	\$		

If wages for employee are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: _____

Original hire or rehire date: _____ Date of termination: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

 SIGNATURE OF OFFICIAL

 DATE