



# 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 \_\_\_\_\_