



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org



VERIFICATION OF EMPLOYMENT

Head of Household: _____

Please return this information by FAX or MAIL as soon as possible

The undersigned applicant/participant has applied for or is a participant in a Walla Walla Housing Authority housing program. Income statements of an applicant/participant must be verified. The applicant/participant signature below authorizes verification of employment information to be released to the Walla Walla Housing Authority. If you have any questions, please contact our office at the telephone number listed above.

Applicant/Participant Name: _____

Social Security Number: _____

Applicant/Participant Signature: _____ Date: _____

Employer's Name: _____

Address: _____ Telephone: _____

**** THIS SECTION IS TO BE COMPLETED BY EMPLOYER ONLY ****

PLEASE PROVIDE A WAGE HISTORY PRINT OUT IF AVAILABLE
Complete the following section for new or anticipated changes in employment

Date of Employment: _____ Position: _____

Complete only ONE of the CURRENT gross salary categories below:

\$ _____ Annual \$ _____ Monthly

\$ _____ Weekly \$ _____ Bi-weekly

\$ _____ Hourly Average number of regular hours per week: _____

\$ _____ Tips, Commission, Bonus, Other (specify): _____

Does employee work overtime? YES / NO Overtime hours per week? _____ Overtime rate of pay: \$ _____

Is employee participating in any local, state or federal employment training programs? Where: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Employer Signature and Title _____ Date _____

****WARNING** TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**