



Verification of Employment

Head of Household: _____

Please return this information by **FAX or MAIL or EMAIL** 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.

Applicant/Participant Name: _____	SSN:XXX-XX-_____
Applicant/Participant Signature: _____	Date: _____
Employer Name: _____	
Complete 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 Began: _____ Position: _____	
Complete only <u>ONE</u> of the <u>CURRENT</u> gross salary categories below:	
\$ _____ Annual	\$ _____ Monthly
\$ _____ Weekly	\$ _____ Bi-weekly
\$ _____ Hourly	Average number of regular hours per week _____
\$ _____ Tips, Commission, Bonus, Other: _____	
Does employee work overtime? [<input type="checkbox"/>] Yes Overtime hours per week? _____	
Overtime rate of pay: \$ _____ [<input type="checkbox"/>] No	
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.	

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

