



Housing Assistance
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

VERIFICATION OF INCOME

- Section 8
Public Housing

Name of Caseworker or RSC:

Date:

NAME OF PARTICIPANT:

HEAD OF HOUSEHOLD:

Participant/HoH Address: City State Zip

EMPLOYER:

Employer's Address: City State Zip

TO BE COMPLETED BY PROGRAM PARTICIPANT

Notice to Participants: All changes in income must be reported in writing within ten (10) days of occurrence.

I hereby authorize and request the release of any and all information requested by Macon Housing Authority pertaining to my employment records.

Participant Signature Job Title

TO BE COMPLETED BY EMPLOYER

Notice to Employer: The employee listed above has either applied for or is receiving housing assistance. Federal law requires that we verify income through the Employer for all applicants/tenants in our low-income housing programs. We ask that you please cooperate in supplying ALL the information requested AS SHOWN ON YOUR RECORDS for the employee named above. If you have any questions, please call the contact person listed below Monday - Friday, 8:00 a.m. - 5:00. Thank you for your cooperation and assistance.

Employee's Name: Date Employed:

Current rate of pay, including tips: \$ Per Hour \$ Bi-Weekly
\$ Per Week \$ Semi-Monthly
\$ Overtime \$ Monthly

Average hours worked per week: Average hours overtime per week:

Wages paid year-to-date: \$ Anticipated earnings for next 12 months: \$

If employment is seasonal or sporadic, please provide layoff periods:

Signature of Person Completing Form: Phone:

Title: Date:

WARNING! Title 18, Section 1001 of the United States Code, states 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 government.

Please return form to: Macon Housing Authority
PO Box 4928
Macon GA 31208

Tel: (478) 752-5000
Fax: (478) 752-5188