



Lonoke County Housing Authority

P.O. Box 74 617 N. Greenlaw
Carlisle, Arkansas 72024

Phone: 870-552-3554 Fax: 870-552-3555

INCOME VERIFICATION

****THIS FORM MUST BE FILLED OUT BY EMPLOYER****
EMPLOYER, PLEASE RETURN ASAP BY MAIL OR FAX TO LCHA

Employee Name	Social Security Number	Job Title
EMPLOYER: _____		
Address: _____	City: _____	State: _____ ZIP: _____
Phone Number: _____	FAX Number: _____	
Signature: _____	Title: _____	Date: _____

The named employee has applied for/or is receiving rental assistance through our Housing Assistance Program. Because rent is based on income, Federal Regulations require us to check all income at its source to properly establish the rent. Your prompt reply will be appreciated.

Date employment began	Present rate of pay per hour	Overtime rate per hour	Hours worked weekly
Employee is paid: [] Monthly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Other	Employment is: [] Permanent [] Temporary [] Part-Time [] Seasonal		

Please list the last **3 months** of **GROSS WAGES**, including vacation pay and bonuses.

Pay Period Ending	Date Received	Hours Worked	Overtime Hours	Gross Wages	Tips	Bonus/Commission

If not currently employed, what was the date and reason for leaving this job.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.