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FairmontHousing.org   

Employment Verification Form

Date: _____

Applicant/Tenant (Print Name): _____

Employer's Name: _____

Employer's Address:

[Street Name & Number]

[City]

[State]

[Zip]

I hereby authorize my employer to release all of my income information to the Fairmont Housing Authority.

[Signature of Applicant/Tenant]

[Social Security Number]

For Employer's Use Only

Please complete the following form and return your reply to the address stated above. All information will be in confidence. Your immediate attention is greatly appreciated.

- Fairmont Housing Authority

Title of Position Held: _____

Date Hired: _____ Present Status: _____

Wages Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: \$ _____ If hourly, indicate number of hours worked per week: _____

Gross Pay Rate: \$ _____

Gross Amount Paid Year to Date: \$ _____ as of _____

[Signature of Authorized Person]

[Date]

Employer's Phone: _____ Employer's Email: _____