



**Prince William County
Office of Housing and
Community Development**
15941 Donald Curtis Drive, Suite 112
Woodbridge, VA 22191
PHONE: 703-792-7530
FAX: 703-792-4978
www.pwcgov.org/housing

VERIFICATION OF EMPLOYMENT/LOSS OF INCOME

This will authorize my employer to release the information requested below regarding my employment, schedule, hours worked, amount and type of compensation or termination when applicable.

Company Name (Please Print or Type) Company Phone & Fax Number

Company Street Address Suite # City State Zip

Client Name (Please Print) Social Security Number

Signature Date

TO WHOM IT MAY CONCERN:

The family/individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, as well as its assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it to:

**Please return to: Office of Housing and Community Development (OHCD)
15941 Donald Curtis Dr. Suite 112, Woodbridge, VA 22191-4217
Main: 703-792-7530 Fax: 703-792-4978**

Return to:

Please complete each section which has been marked on this forms.

Section I – Employment Information

1. Date of Hire: _____ Position Title: _____
 2. Is employee: Full-time Part-time Number of hours worked per week: _____
 4. Rate of pay: \$_____ per _____ (hr/day/wk/etc.)
 5. How often is employee paid \$ Day Week Bi-Weekly Monthly
 6. Nature of Employment: Permanent Temporary Seasonal Other: _____
 7. Is there possible overtime? Yes No If so, what are the average overtime hours: _____
 8. Is overtime time and a half? Yes No
 9. Can this position earn tips? Yes No If yes, what are the average tips per pay period? _____
 10. Does this company ever give bonuses? Yes No Is the position eligible for bonuses Yes No
 If so how often? _____
 11. Does this position earn commission? Yes No yes, what is the average commission per pay period? _____

Section II – Loss of Income

1. Date Hired: _____ Date Employment Ended: _____
 2. Reason Terminated: _____

I certify that the above information is true and correct to the best of my knowledge.

Name (Please Print) Title Direct phone number with extension

Signature Date

WARNING: SECTION 1001 OF THE TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.