

The use of white out, black out, or alteration of original information will void this document.

PHA Name **Staunton Redevelopment and Housing Authority** Date \_\_\_\_\_

Applicant/Tenant \_\_\_\_\_ Unit ID \_\_\_\_\_ SSN \_\_\_\_\_

**EMPLOYER CONTACT INFORMATION**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**My Signature Authorizes Verification of My Employment Income Information.**

See executed authorization to release information

\_\_\_\_\_  
**Applicant/Tenant Signature** **Date**

The individual named directly above is an applicant/participant of the **Staunton Redevelopment and Housing Authority**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

**RETURN THIS FORM TO:** Audra Hutchens, Housing Programs Manager  
Staunton Redevelopment and Housing Authority  
900 Elizabeth Miller Gardens  
Staunton, VA 24401

Phone: 540-886-3413 ext. 2  
Fax: 540-885-5414  
Email: [ahutchens@stauntonrha.org](mailto:ahutchens@stauntonrha.org)  
Website: [stauntonrha.org](http://stauntonrha.org)

### THIS SECTION TO BE COMPLETED BY THE EMPLOYER

Please answer all applicable questions.

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Presently Employed Yes \_\_\_\_\_ No \_\_\_\_\_

Did the employee resign? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the employee released by the employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Date First Employed \_\_\_\_\_ Last Date Employed \_\_\_\_\_

Current Wages \$ \_\_\_\_\_ Hourly \_\_\_\_\_ Salary \_\_\_\_\_

Employment Status (*Full-Time, Part-Time, Seasonal*) \_\_\_\_\_

Number of regular hours scheduled per week\* \_\_\_\_\_

Pay Frequency (*Weekly, Bi-weekly, Monthly, Semi-Monthly, Yearly*) \_\_\_\_\_

Pay Method (*Cash, Check, Direct Deposit, Other*) \_\_\_\_\_

Gross Year to Date Pay \$ \_\_\_\_\_ From \_\_\_\_\_ Through \_\_\_\_\_

Gross Pay from Prior Year \$ \_\_\_\_\_ Overtime Rate *per hour* \$ \_\_\_\_\_ Shift Differential Rate *per hour* \$ \_\_\_\_\_

Number of pay periods included in the YTD earnings above \_\_\_\_\_

Average number of OT hours per week \_\_\_\_\_ Average number of shift differential hours per week \_\_\_\_\_

Commissions, Bonus, Tips, Other \$ \_\_\_\_\_ Frequency *Weekly, Bi-weekly, Monthly, Semi-monthly, Yearly, Other* \_\_\_\_\_

List the most recent change in the employee's rate of pay/hours \$ \_\_\_\_\_ % Effective Date \_\_\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months \$ \_\_\_\_\_ % Effective Date \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) \_\_\_\_\_

Is employee eligible for unemployment during the layoff? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee participate in a retirement plan i.e. 401k? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If hours vary please list maximum anticipated

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Printed Name & Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

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