



Division of Tenant Resources

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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**FORM 4. VERIFICATION OF WAGES**

<p>The purpose of this form is to verify the wages of each household member. Each employed household member <b>must</b> complete this form if the below are not available:</p> <ul style="list-style-type: none"> <li>Recent consecutive pay stubs stating gross wages (2 if paid monthly, 3 if paid bi-weekly, 6 if paid weekly)</li> <li>Letter from employer stating gross wages and work hours</li> </ul> <p><b>SECTION A TO BE COMPLETED BY EMPLOYED HOUSEHOLD MEMBER</b>  <b>SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY CURRENT EMPLOYER</b></p>	<p><b>Have you completed this form?</b></p>	
	<p>Yes</p> <input type="checkbox"/>	<p>Not Applicable</p> <input type="checkbox"/>

**SECTION A (to be completed by EMPLOYEE)**

Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION B (to be completed by EMPLOYER)**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Income	Amount	Pay Frequency (Hourly, Bi-weekly, Monthly, Annual) Write in Below	Average hours worked per pay period
Current gross wages:	\$		
Gross wages in the past 12 months	\$		
Overtime:	\$		
Bonus, commission, or tips:	\$		
Armed Forces wages for exposure to hostile fire:	\$		
Future gross wages: (If wages are expected to increase, please indicate date effective: ____/____/____)	\$		

If wages for employee are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: \_\_\_\_\_

Original hire or rehire date: \_\_\_\_\_ Date of termination: \_\_\_\_\_

**COMPANY STAMP/SEAL IS MANDATORY**

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE OF OFFICIAL DATE