

HOUSING AUTHORITY OF THE TOWN OF HAMDEN

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IVAN M. POUR, Vice Chairman
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DR. CORNELIA V. LEAVITT, Secretary
JAMES V. SETTE, Assistant Secretary/Treasurer

HAZELANN B. COOK, Executive Director

EMPLOYER VERIFICATION OF INCOME

To Whom It May Concern:

Please complete this form as wage verification with the date of hire and/or last day worked, pay rate and **LAST FOURTEEN (14) WEEKS** gross pay amounts, for the following individual:

EMPLOYEE NAME: _____

ADDRESS: _____

CITY/STATE: _____

SS#: _____

EMPLOYER NAME: _____

ADDRESS: _____

CITY/STATE: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____

- 1. Base Pay Rate \$ _____ per _____.
- 2. Pay Frequency : _____ weekly; _____ bi-weekly; _____ per diem;
- 3. Date of Hire: _____ Last Day Worked: _____

DATE	GROSS PAY	DATE	GROSS PAY
1. _____		8. _____	
2. _____		9. _____	
3. _____		10. _____	
4. _____		11. _____	
5. _____		12. _____	
6. _____		13. _____	
7. _____		14. _____	

Gross Year To Date Pay as of Week 14 Above: \$ _____

Date Completed: _____ By: _____