

<input type="checkbox"/> Housing Authority of Brevard County (South) 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Melbourne Housing Authority 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Housing Authority of Brevard County (North) 584 Player Lane Merritt Island, Florida 32953 (321) 775-1577 (O) * (321) 704-8103 (F)
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## Income Verification

We are required by law to verify the income of all individuals living in or applying for Public Housing. We ask your cooperation by supplying the information requested below about the referenced person. This information will be held in confidence for use only in determining the family's eligibility and rent.

We would greatly appreciate your prompt return of this letter. You may fax it to the number listed above or mail it to the office address listed above.

Sincerely,

\_\_\_\_\_  
Management

I, \_\_\_\_\_ authorize the release of the information requested by the Housing Authority.

\_\_\_\_\_  
Tenant / Applicant signature

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Employee Name: \_\_\_\_\_

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

City State Zip  
Date employed: \_\_\_\_\_ Date terminated / resigned: \_\_\_\_\_

Job Title: \_\_\_\_\_

Current Base Pay Rate: \$ \_\_\_\_\_ per hour, \$ \_\_\_\_\_ per week, \$ \_\_\_\_\_ per month

Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month in year

Is this person likely to get Overtime?  No  Yes If yes, Overtime Pay Rate: \$ \_\_\_\_\_ hour

Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ hrs/month

Any other compensation not listed: *Please specify for commissions, bonuses, tips, different pay, etc?*

For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Is increase in earnings anticipated?  No  Yes If yes, amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Gross pay (without overtime) earnings for the last 12 months: \$ \_\_\_\_\_

Total Overtime earnings for the last 12 months: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_