



HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

Phone (321) 775-1592 \* Fax (321) 775-1549

http://www.habc.us

CHIEF EXECUTIVE OFFICER

Michael L. Bean

INCOME VERIFICATION

THIS FORM MUST BE RETURNED BY EMPLOYER

We are required by law to verify the income of all applicants and tenants in our housing programs. We ask your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining the family eligibility and rent.

COMPANY NAME \_\_\_\_\_ ATTN. \_\_\_\_\_

COMPANY FAX # \_\_\_\_\_ COMPANY PH# \_\_\_\_\_

\*\* I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BY THE HOUSING AUTHORITY \*\*

APPLICANT / TENANT \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_, FL ZIP \_\_\_\_\_

JOB CLASSIFICATION \_\_\_\_\_ LAST DATE OF EMPLOYMENT \_\_\_\_\_

CURRENT HOURLY RATE\$ \_\_\_\_\_ HOURS WORKED PER WEEK AT BASE RATE \_\_\_\_\_

AMOUNT OF OVERTIME PER WEEK \_\_\_\_\_ HOURLY OVERTIME PAY RATE \_\_\_\_\_

PAYDAYS ARE:  WEEKLY  BIWEEKLY  BIMONTHLY  MONTHLY

IF PAID OTHER THAN HOURLY, THE AMOUNT IS: \$ \_\_\_\_\_ PER \_\_\_\_\_

\*\*TOTAL EARNED IN PAST TWELVE (12) MONTHS: \$ \_\_\_\_\_

TOTAL EARNED IF LESS THAN TWELVE (12) MONTHS: \$ \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

LIST TYPE AND AMOUNT OF ANY ADDITIONAL PAY THAT THE EMPLOYEE RECEIVED SUCH AS BONUSES, TIPS, COMMISIONS ETC. \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\*\*\*\*\*

FIRM NAME: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOUSING AUTHORITY OF BREVARD COUNTY
SECTION 8 HCV PROGRAM
1401 GUAVA AVENUE
MELBOURNE, FL 32935
(321) 775-1592

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

PLEASE FAX BACK AS SOON AS POSSIBLE.

321-775-1549

