

**Income Verification
Form**

**Housing Authority of
Brevard County**
Section 8 HCV Program

1401 Guava Ave, Melbourne, FL 32935
(321) 775-1592 | (fax) (321) 775-1549
<http://www.habc.us>

Section A. Explanation

We are required by law to verify the income of all applicants and participants in the Housing Choice Voucher program. We ask for your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining family eligibility and rent.

Please return this form either by email to s8tenants@habc.us, or mail, fax, or in person to:

Housing Authority of Brevard County
Section 8 Administration
1401 Guava Avenue
Melbourne, FL 32935
Facsimile: (321) 775-1549/1550

*If you require assistance completing
this form please contact the HABC
office at (321) 775-1592*

Applicant / Participant Information

Name	Social Security Number		
Unit Address - Street	City	State	Zip
Telephone	Email (Optional)		

Section B. Employer / Company Information

Company / Firm Name	Contact Name & Title		
Address - Street	City	State	Zip
Telephone	Email (Optional)		
Employer Signature	Date Completed		

Applicant / Participant Employment Details

1. Employment Start Date	2. Employment End Date (If Applicable)
3. Job Title	
4. \$ Salary, Base Pay Rate	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Month
5. Average Hours Worked at Base Pay Rate	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month in a Year
6. <input type="checkbox"/> Yes <input type="checkbox"/> No Is This Person Likely to Receive Overtime?	\$ If Yes, Overtime Pay Rate Per Hour
7. Average Number of Overtime Hours Expected During the Next 12 Months	Hours Per Month
8. Any Other Compensation Not Listed (Commission, Tips, Bonuses)	\$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
9. \$ Total Base Pay Earning For Last 12 Months	
Additional Comments/Notes	

Section C. Applicant / Tenant Release of Information

I hereby authorize the release of the requested information by the housing authority:

Applicant / Participant Signature	Date
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