PROVO CITY HOUSING AUTHORITY

Employment Verification Form

Updated 12/4/2024

THIS SECTION TO BE FILLED OUT BY EMPLOYEE

Head of Household Name: _____ Social Security #: _____

Please be advised that there are federal and state penalties for fraud under House Bill 105 for the misrepresentation of facts to a Housing Authority. When completed, return to Provo City Housing Authority at 650 West 100 North, Provo, UT 84601 or fax to 801-373-6560.

THIS PORTION TO BE FILLED OUT BY EMPLOYER ONLY

Employee's Name: _____ Occupation: _____

Hire Date: _____ First Day of Active Employment: _____

Last Day of Employment: _____ If Verifying Termination of Employment – Reason for Termination:

_____

Old Wage/Salary Amount $ _____ New Wage/Salary Amount: $ _____

Indicate the date of last wage/hour increase: _____

Amount of Wage Paid Per Hour: $ _____

Average hours worked per week: _____

Average overtime hours worked per week: _____

Overtime rate of pay per hour, if applicable: $_____

If paid on salary, what is monthly salary amount: $_____

Commission/Bonuses (If Applicable, average per week/month) $_____

Gratuities/Tips (if applicable, average per week) $_____

Company Name: _____ Company Phone: _____

Company Fax _____ Company Email: _____

Address: _____ City, State, Zip Code: _____

Signed by: _____ Print Name: _____

Title: _____ Date: _____