



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: _____



Provo City Housing Authority does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs. Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact PCHA at 801-900-5676 TTY: 711 Fax (801) 373-65

