

**Asheboro Housing Authority**  
PO Box 609 Asheboro, NC 27204  
Phone: 336-629-4146 Fax 336-625-0651  
TDY 800-545-1833 X 419

**Wage Verification**

Wage Earner Name \_\_\_\_\_

Tenant/Applicant Social Security Number: XXX-XX-\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

The above named individual has applied for or is currently receiving Section 8 rental assistance and hereby authorizes you to provide the requested information.

**Intentionally supplying false information is punishable under the Statute of Frauds.**

I hereby authorize the release of this information

Tenant/Applicant Signature	Date	Section 8 Representative	Date
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How long has this individual been employed by you? \_\_\_\_\_ Start Date: \_\_\_\_\_

If the applicant is no longer employed, what was the final date of employment? \_\_\_\_\_

If paid hourly, current rate: \$ \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

If salaried, annual (gross): \$ \_\_\_\_\_ Paid BiWeekly: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please estimate annual amounts the employee earned during the last 12 months from the following sources:**

Commissions \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Tips \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Bonus \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer/Supervisor Date

\_\_\_\_\_  
Telephone Number