



ZEBULON, NC

INCOME VERIFICATION

This will authorize _____(employer) to release the information requested below regarding my employment / compensation / termination.

Full Name (Please Print or Type) Social Security Number

Signature Street Address

Date City State Zip

Dear Sir / Madam:

We are required to verify the incomes of all members of families applying for or living in the HEMPSTEDE TOWNHOMES. This information will be kept in strict confidence and used only to determine your employee's eligibility due to North Carolina Housing Regulations.

Your prompt return of this letter will be appreciated. Please fax back to us at 919-404-8082

Sincerely,

Management Agent

EMPLOYED SINCE: _____ OCCUPATION: _____

DATE OF TERMINATION: _____

\$ _____/hour _____ hours/week _____ weeks/year

GROSS ANNUAL EARNINGS (over the next 12 months): \$ _____

ESTIMATED ANNUAL AMOUNT FOR OVERTIME: \$ _____

ANNUAL INCOME FROM BONUS, TIPS, COMMISSIONS, etc.: \$ _____

ANNUAL AMOUNT FOR MEDICAL COVERAGE DEDUCTION: \$ _____

DEDUCTION FOR SAVINGS PLAN: \$ _____

NATURE OF EMPLOYMENT:

Permanent _____ Temporary _____ Seasonal _____ Part-Time _____

Probability of Continued Employment: _____

ADDITIONAL COMMENTS _____

Firm Name _____ Date _____

Signature/Title