



**GAINESVILLE HOUSING AUTHORITY**  
*Where Housing Matters*

### EMPLOYER'S STATEMENT OF SALARY AND WAGES

<b>EMPLOYER'S NAME, ADDRESS, PHONE &amp; FAX #'s:</b>
<b>NAME:</b> _____
<b>SOCIAL SECURITY#:</b> xxx-xx-_____

**Gainesville Housing Authority**  
**1900 SE 4<sup>th</sup> Street, Gainesville, FL 32641**  
**Phone: (352) 872-5500**

**Please Send Response Email to:**  
\_\_\_\_\_@GNVHA.ORG

We are legally required to verify the income from all sources, of all parties applying for admission to, or continued occupancy in, developments in the low-rent housing program of this Housing Authority.

The below-named applicant (tenant) has given your name as an employer reference for a dwelling unit (or for continued occupancy) in one of our developments. We are requesting your cooperation in supplying the information below, which applies to the period during which you employed this applicant. This information will be held in confidence for use only in determining the family's eligibility and rent.

I hereby authorize and request my employer to furnish the following information which is necessary in determining my eligibility and rent for low-rent public housing.

**Please return to Gainesville Housing Authority at the above email or mailing address.**

\_\_\_\_\_  
**Signature of Applicant/Tenant**

\_\_\_\_\_  
**Housing Authority Representative**

**(THE SECTION BELOW IS TO BE FILLED OUT BY THE EMPLOYER ONLY)**

1. Employee's Name _____	Address _____
2. Title of Position Held _____	
3. How long employed: From _____ To _____	
4. Rate of Pay \$ _____ Per Hour	Pay Frequency (Circle One) Weekly Biweekly Semi-Monthly Monthly
5. Date present rate of pay became effective _____	
6. If present rate of pay has been in effect less than 12 months, give previous rate of pay \$ _____ Effective date _____	
7. Average number of hours worked per week _____	
8. Is overtime (OT) available? Yes ___ No ___ If yes, OT rate \$ _____ Average number hours per week _____	
9. Period of sick leave with pay _____ Period of vacation leave with pay _____	
10. Total gross earnings for past 12 months \$ _____	
11. Area any of the following received: <b>(School Board Employees) *Please include contracted number of days</b>	
a. Commissions: Yes ___ No ___	Amount \$ _____ Per _____
b. Tips: Yes ___ No ___	Amount \$ _____ Per _____
c. Bonus: Yes ___ No ___	Amount \$ _____ Per _____
12. Unusual occupation expenses not compensated for by employer: Special Tools _____ Uniforms _____ Other _____	
13. Remarks: _____	

**Signature of Employer or Authorized Representative:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_