

Columbia County Housing Authority

498 SW Juniper Way Lake City, FL 32025 Telephone: (386) 752-4227 Fax: (386) 752-4229 TDD: (800) 955-8771 E-mail: housing@cchafl.com Website: cchafl.com

Date: _____

Dear Employer:

In order to determine the eligibility of _______ for our Public Housing Program the Columbia County Housing Authority is required by FEDERAL REGULATIONS to verify the income of applicants and participants to establish their eligibility and rent for our Rent Assistance Payment Program. Your cooperation and prompt return of the information requested below will be appreciated and will benefit your employee. Such information will be held in confidence and will be used only to determine the eligibility and rent for the employee's family. A signed HUD form authorizing release of information is on file and/or a copy attached.

Thank you.

Columbia County Housing Authority

SECTION 1 – GENERAL INFORMATION

1. Name of Employee: ______ SS#: _____

2. Type of work performed by employee: _____

3. Number of hours worked per week: ______ Number of days worked per week: ______

- 4. Employee is paid \$______each () day; () week; () bi-weekly; () monthly Hourly rate of pay \$_____; Other, specify ______
- 5. Date employment began: _____ Date received 1st paycheck: _____

6. Does employee receive tips? _____ If yes, estimated amount: _____

7. Is employment seasonal? _____ If yes, season begins & ends: _____

SECTION II – EMPLOYER INFORMATION

What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer

Employer's Title

Name of Business

Telephone Number

Address

Date Completed

City, State, Zip

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

