



# VERIFICATION OF CASH WAGES

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I, \_\_\_\_\_, do hereby swear or affirm that I  
(Please print name)

pay the sum of \$\_\_\_\_\_ per  week,  bi-weekly, or  monthly to:

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Name of Employee

Date of Hire

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Signature of Employer

Phone Number

**I understand that the information given on this form will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. The above information is full, true and complete to the best of my knowledge, and I understand that my continued eligibility may be contingent on the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in immediate termination of Housing Assistance and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.**

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Signature of Applicant/Tenant

Date