



QUINCY HOUSING AUTHORITY

540 Harrison St. * Quincy, IL 62301 * (217) 222-0720

Income Verification

Re: _____
Applicant / Tenant
(Please Print)

Dear Sir/Madam:

We are required by HUD to verify assets, income, and certain expenses of all persons applying for admissions or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine the person's eligibility and/or rent. Your prompt return of this letter will be appreciated.

PLEASE FAX COMPLETED FORM TO (217) 222-0865.

I authorize the release of this information.

Cordially,

Applicant Signature and Date

QHA Specialist Signature and Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

- Employed Since: _____ Occupation: _____
Leave of absence date of return _____ (when applies)
- Salary:
Base Pay Rate: \$ _____ per hour Average hours @ Base Rate: _____ per week
(If no set number of hours, please take an average of Base for the last 12 months.) **If a range of hours is given the maximum number of hours will be considered.**
Overtime Rate: \$ _____ per hour Average hours of Overtime: _____ per week
(If no set number of hours, please take an average of overtime for the last 12 months)
Compensation not included in the above: (specify for **commissions, bonuses, tips, etc.**)
For: _____ Amount: _____ Per: Week _____ Month _____
- Employee is Paid: _____ weekly _____ bi-weekly _____ monthly
- Employee's last pay raise was on? _____
- Employee (check one) ___ may ___ may not anticipate a raise during the next 12 months.
If so, on or about the following date: _____, in the amount of: \$ _____
(FOR ELDERLY AND/OR DISABLED PERSON ONLY)
- Is there any medical/dental insurance amount deducted from pay? ___ Yes ___ No
If yes, the amount is: \$ _____ per _____

Company Name: _____

Date: _____

Phone #: _____

Signature: _____

Title: _____

QHA USE ONLY:
Verification Notes