

The Housing Authority of the City of Buford

Commissioners
Robert Davis
Dorothy Lott
Robert Murphy
Mitch Peevy
Doug Williams, Sr.



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Phone (770) 945-5212
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Kevin Jones
Executive Director

VERIFICATION OF INCOME

Name of Employee _____

1) Employer (Company name) _____

2) Employer Street Address _____

3) Employer City, State _____

4) Employer Phone Number _____

5) Occupation/Title of Employee _____

6) Date of Employment _____

7) Present gross rate of pay _____

_____ per hour, _____ per week, _____ per month, or _____ per year

8) Tips, etc. _____

9) Average hours per week _____

10) Effective date and amount of most recent pay increase:

_____	_____
Effective date	Amount of increase

11) Past year's actual earnings _____ (from _____ to _____)

The above information is requested on the behalf of your employee and is essential to this authority in establishing eligibility and rent. All information furnished will be held in strict confidence and will not be available to any other person or firm without the express written consent of the tenant.

This is to certify that the above information is true and correct and that I am an officer or an employee of this company authorized to verify the information requested.

Signature of company representative and Title

Print Name

Date