

Big Stone Gap Redevelopment & Housing Authority

POB 536
Big Stone Gap, VA 24219

Phone: 276/523-4788
FAX: 276/523-5141
Email: bsgha@bsgha.org

This will authorize _____ to release the information requested below regarding my employment/compensation/termination.

FULL NAME

SOCIAL SECURITY NUMBER

SIGNATURE

STREET ADDRESS

DATE

CITY STATE ZIP

.....
The family / individual named above is a resident / applicant for housing which has rents that are subsidized through the U.S. Dept. of Housing and Urban Development's Section 8 Housing Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, as well as assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy.

Administrative Agent

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- Hours worked per week _____ (If hours fluctuate, give weekly average over the last three months, or next three months if new employee).
 - Wages per: Hour \$ _____ Week \$ _____ Month \$ _____
 - Employee Paid: () Weekly () Bi-Weekly () Monthly () Semi-Monthly
 - Date of Employment: _____ Date of Termination: _____
 - Annual Income from bonuses, tips, commissions, etc.: \$ _____
 - Deduction for Savings Plan per month: \$ _____
 - Amount deducted for medical coverage: \$ _____
 - Nature of Employment: () Permanent () Temporary () Seasonal () Part-time

I certify that the above information is true and correct to the best of my knowledge.

EMPLOYER

SIGNATURE AND TITLE

TELEPHONE NUMBER

DATE

MAILING ADDRESS OF EMPLOYER

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLINGFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.