

# Big Stone Gap Redevelopment & Housing Authority

P.O. Box 536  
Big Stone Gap, VA 24219

Phone: 276/523-4788  
FAX: 276/523-5141  
Email: [bsgha@bsgha.org](mailto: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

- .....
- 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.