

UNION PARISH SECTION 8 HOUSING
P.O. Box 723 / 303 East Water Streete
Farmerville, LA 71241

WAGE VERIFICATION
TO BE COMPLETED BY EMPLOYER IF CHECK STUBS ARE NOT AVAILABLE

Name of Employee _____ SSN _____

Name of Employer _____ Date Employment Started _____

Check how often employee is paid (i.e. Pay Period):

Weekly Every two weeks Twice monthly Once monthly

Is employee paid by Direct Deposit?e Yes No If yes, at what bank or credit union? _____

If employment is new:

Number of hours expected to work **Per WEEK** _____ **Per PAY PERIOD** _____ Hourly rate of pay _____

Number of hours of overtime expected to work **Per WEEK** _____ **Per PAY PERIOD** _____

Hourly rate of overtime pay _____

If Tips are expected to be received, amount of Tips expected **Per WEEK** _____ **Per PAY PERIOD** _____

Complete chart below to show wages for the last 4 pay periods.

Pay Period Ending	Date Wages Received	Hours Worked	Hourly Pay Rate	Gross Pay	Tips Received

Are you aware of any other income this person may be receiving? Yes No

If yes, source and amount. _____

If employment terminated, give date and reason no longer employed. _____

Date Signed

Employer's Signature

Employer's Phone Number

Employer's Printed Name or Stamp