



Gainesville Housing Authority

1900 SE 4th Street, P.O. Box 1468, Gainesville, FL 32602
Telephone (352) 334-4000 ♦ Fax (352) 334-4010 ♦ TDD (352) 334-4015

PUBLIC HOUSING LOSS OF EMPLOYMENT INCOME VERIFICATION

Attention: Personnel Department

(This form must be mailed or faxed. NO OTHER form of return will be accepted!!!!)

RE: Employee: _____ Soc. Sec. No. _____

Address: _____ Occupation: _____

The above-named person has reported the loss of employment income. Written verification of this loss is required in order to determine eligibility and the amount of rent that he/she is required to pay.

GHA Contact Person: _____ Fax #: (352) 334-4010 or Contact #: _____

I hereby authorize my employer to release the information requested directly to Gainesville Housing Authority.

Employee Signature: _____ Date: _____

Verification of Employment Income

1. Date employment began: _____ Full time Part time Seasonal
2. Date employment terminated: _____ Reason for Termination: _____
3. Last Date Paid: _____ Gross Amount of Last Check: _____

Involuntary Separation

Discharged for cause: Yes No If yes, please explain: _____

Voluntary Separation

State employee's reason for leaving: _____

Any benefits paid? Yes No If yes, what amount? _____

Signature of Employer: _____ Company _____

Name (*print/type*) _____ Address _____

Title _____ Date _____ Phone _____