

[Employer Name]  
[Employer Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Public Housing Authority Name]  
[PHA Address]  
[City, State, Zip Code]

**RE: Employment and Income Verification for [Employee Name]  
Social Security Number: [Last 4 Digits of SSN]**

To Whom It May Concern,

Please accept this letter as formal verification of employment for [Employee Name]. This information is provided to assist in the determination of Section 8 housing eligibility.

**Employment Details:**

- **Employment Status:** [Active / Terminated]
- **Job Title:** [Title]
- **Hire Date:** [Date]
- **Average Hours Per Week:** [Number of Hours]

**Income Details:**

- **Gross Pay Rate:** \$[Amount] per [Hour/Week/Month]
- **Overtime Rate:** \$[Amount] per Hour
- **Average Overtime Hours:** [Hours] per [Week/Month]
- **Frequency of Pay:** [Weekly / Bi-weekly / Monthly]
- **Total Year-to-Date Earnings:** \$[Amount]
- **Expected Bonuses or Commissions:** \$[Amount]

If you require any further information or clarification, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Representative]  
[Title]  
[Company Name]