



VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Head of Household's Name		HOH Last 4 SSN	
SECTION A – EMPLOYEE INFORMATION			
Employee's Name		Date of Birth	Last 4 SSN
Address	City	State	Zip Code

SECTION B - TO BE COMPLETED BY EMPLOYER	
Employer: Please complete this form, attach copy of employee's payroll history, and return by _____ See attached consent form for authorization to release information.	
Employee Job Title	
Original date of employment	
Termination date	
Date of Re-Hire (if applicable)	
Average regular hours worked per week	
Average overtime hours worked per week	
Regular rate of pay per hour	\$
Overtime rate of pay per hour	\$
Average tips, incentive pay, bonus, or commission earned per week	\$
Year to date earnings	\$
Are earnings from a Title IV program, Title IV Work-Study Program, Title V Program, or from an economic or self-sufficiency job training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If seasonal or occasional employment, give lay-off periods	

Firm or Employer Name			
Address	City	State	Zip Code
Phone	Fax	Email	
By signing this document, I certify under penalty of perjury that the information and statements I have provided are to the best of my knowledge true and accurate.			
X			
Print name of Employer's Representative		Date	

Please return completed form to:

Gladwin County Court House
 Attn: Melanie Thume or Kimberly Hines, TPA
 401 W. Cedar St.
 Gladwin, MI 48624