



**Plano Housing Authority**

Phone: (972) 423-4928 Fax: (972) 516-0251 www.planoha.org

**INCOME VERIFICATION FORM**

Counselor: \_\_\_\_\_  
Plano Housing Authority  
1740 Avenue G  
Plano, Texas 75074

✓ Print Name: \_\_\_\_\_

✓ SSN Last Four Digits# \_\_\_\_\_

*We are required to verify assets, income and certain expenses of all persons applying for admission to or living in Federally Assisted Housing. To comply with this requirement, we ask for your cooperation in supplying the information requested regarding the referenced individual. This information will be used solely to determine eligibility or rent. I hereby authorize the release of this information:*

\_\_\_\_\_  
✓ Participant's Signature

\_\_\_\_\_  
✓ Date

**DO NOT WRITE BELOW THIS LINE. EMPLOYERS ONLY FILL OUT # 1-9.**

**Warning: Section 1001 of Title 10 of the US Code make is a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.**

1. Dates of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If no longer employed, please indicate last date of employment: \_\_\_\_\_
2. Base pay rate: \$ \_\_\_\_\_  hourly  weekly  bi-weekly  monthly.  
Average hours worked per week: \_\_\_\_\_  
Overtime pay rate: \$ \_\_\_\_\_. Average overtime hours worked: \_\_\_\_\_.  
*(If not set number of hours, please take an average of overtime for the last 12 months)*
3. Compensation not included in the above (commission, tips, etc.):  
For: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_
4. Vacation pay received: \_\_\_\_\_ Number of days per year: \_\_\_\_\_
5. Total base pay earnings for past 12 months: \$ \_\_\_\_\_
6. Total overtime earnings for past 12 months: \$ \_\_\_\_\_
7. Is employee paid  Weekly,  Bi-Weekly,  Bi-Monthly,  Monthly? Salary:  Yes  No
8. Date of employee's last pay raise: \_\_\_\_\_
9. Is health insurance deducted from pay check: \_\_\_\_\_  
If yes, amount deducted: \_\_\_\_\_ Per: \_\_\_\_\_

Signature \_\_\_\_\_ Print name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address and Phone #: \_\_\_\_\_