## SC State Housing Finance and Development Authority Verification of Employment Income

To the Employer:						-	
As an applicant/participant in the HUD Section concerning employment income. These wage purposes. Please complete this form and return listed below. Your prompt cooperation in surquestions, please do not hesitate to contact the H	s will be countrient it directly to oplying the re	inted as par the Housing	t of hog Progr	ousehold am Coord	income linator	for rent (HPC) at	calculation the address
Mailing Address: SC State Housing Finance & Development Voucher Program –				Phone: Fax:	: (803) 896 (803) 551		
Name of Participant:		(	SSN:				
Signature Authorizing Release of Information:					<mark>Date:</mark> _		
TO BE CO	===== OMPLETED	BY EMPL	==== OYER	====== }	====	======	:=====
Employment - Starting date:			Ending	g date:			
Scheduled hours of work (8 to 5, etc.)	to		Job Ti	tle:			
Number of hours worked:		per (circle	one)	,	Week	Month	Year
Gross wages (include tips/commissions):	\$	per (circle	one)	Hour	Week	Month	Year
Deductions for medical insurance premiums:	\$	per (circle	one)	,	Week	Month	Year
Remarks:							
Signature of Employer			Da	nte			
Printed Name			Na	ame of Comp	any		
Street Address			Te	lephone Nun	nber		
City, State and Zip Code			Fa	x Number			

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.