

**LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES
HOUSING CHOICE VOUCHER DIVISION
102 HERITAGE WAY, NE, SUITE 103
PO BOX 7400 LEESBURG, VA 20177-7400
703-777-0353 FRONT DESK
703-737-8895 FAX**

EMPLOYER VERIFICATION OF INCOME

This will authorize _____ (employer) to release the information requested below regarding my employment.

Employer		Participant	
Name		Name	
Address		Address	
Attn		Soc Sec # (opt)	
Phone Number			
Fax Number			

Signature

Date

TO WHOM IT MAY CONCERN:

The individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses, and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it as directed.

HCV Counselor Signature

Date

Meg Asaro, Housing Counselor
Ursula Brinkley, Housing Counselor
Tandi Hoffmann, Housing Counselor
Christine Hillock, Housing Counselor

For Email Addresses: FirstName.LastName@loudoun.gov
Yasmina Turner, Bilingual Housing Counselor
Cyndy Wyrick, Housing Counselor

TO BE COMPLETED BY EMPLOYER

1. Date of Employment _____ Position/Occupation _____
2. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, etc.)
3. Current Rate of Overtime pay \$ _____ per _____ (hour, week, month, etc.)
4. Number of hours/week employee normally works _____
5. Anticipated average amount of overtime hours/week _____
6. Anticipated Tips, Commissions, Bonuses \$ _____
7. Gross annual earnings you anticipate for this employee for the next twelve months _____ (Gross amount including all tips, bonuses, overtime, commissions)
8. Do you anticipate any change in the employee's rate of pay in the near future? Yes _____ No _____ If yes: Revised Rate _____ Effective Date _____
9. Do you anticipate any change in the number of hours the employee works? Yes _____ No _____ If yes, explain under #15 below.
10. Does the employee receive vacation with pay? Yes _____ No _____
11. Does this employee receive sick leave with pay? Yes _____ No _____
12. Amount deducted for medical coverage \$ _____ per _____
13. Amount deducted for savings plan? \$ _____ per _____
14. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____
15. Additional Comments: _____

• **NOTE: TURN OVER or see Page TWO to SIGN and date**

CERTIFICATION: I hereby certify under penalty of perjury that all of the information contained in this document is true and correct to the best of my knowledge. I understand and acknowledge that making false statements on this document is a **FELONY** under Title 18, Section 1001 of the United States Code and laws of the Commonwealth of Virginia.

Print Name and Title

Name of Employer

Signature

Address

Date

Telephone Number

WARNING: Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

I: HCV/HCV Forms/Employer Verification of Income.doc