

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202 Toll Free: (800) 747-9202 • TTY: (800) 833-6388

EMPLOYMENT VERIFICATION

Employee:	Date:
Employer Name:	Contact Person:
Address:	Phone Number:
Employer Signature:	
•If the person is currently employed by you, pl	ease fill out this section:
How long has the above named employee been wo	king for your company?
Is this Position: □Temporary □Permanent □S	easonal
His/her wages are: \$per hou	ur andhours per weekweeks per year
or \$per mo	nth andhours per month
Year-to-Date Gross earnings: \$	How often does the employee get paid?
Commissions, bonuses, tips, other: \$	(check one below) Included in Y-T-D figure above? □Yes □No
□Hourly □Weekly □Bi-Weekly □Mo	nthly □Semi-Monthly □Yearly □Other:
Does the employee participate in a 401(k) retiremen	nt account? □Yes □No Can employee access the account? □Yes □N
•If the person is not working for you right now	but will in the future, please fill out this section:
Start Date:	Will this position be: □Temporary □Permanent □Seasonal
His/her wages we will be: \$	per hour andhours per week
or \$	per month andhours per month
How often will the employee be paid?	
Return this form to:	, Phone 509-762-5541 ext
Fax: 509-762-2202 Email:	



