



**WALWORTH COUNTY HOUSING AUTHORITY**

*affordable housing is the foundation to build a strong community*

20 N Church Street, Suite 1 • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

**VERIFICATION OF EMPLOYMENT**

The following information is required by the Walworth County Housing Authority on behalf of an applicant/participants of the Section 8 Rental Assistance Program.

**Applicant/Participant Information**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Employer Information**

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

Work Study:  Yes  No Sheltered Workshop:  Yes  No

Date of hire: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hourly rate of pay: \$ \_\_\_\_\_ **OR** Salary rate of pay: \$ \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average amount of overtime per week: \_\_\_\_\_

Paid:  Weekly  Bi-weekly  Semi-monthly  Monthly

Expected date of rate increase: \_\_\_\_\_ New rate: \$ \_\_\_\_\_

Base earnings for last 12 months: \$ \_\_\_\_\_ Overtime earnings for last 12 months \$ \_\_\_\_\_

Any other compensation not included above such as tips or bonuses? List type, amount, frequency:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

You may return this by mail, email, fax or dropped off in the locked drop-box at the office.

[kfriend@wchawi.com](mailto:kfriend@wchawi.com) - - - - 20 N. Church Street, Elkhorn WI 53121 - - - - F: 262-723-2079