

**MORGANTON HOUSING AUTHORITY
644 FIRST STREET,
MORGANTON, NC 28655**

Wage Verification Form

**Office: (828) 437-9101
Fax: (828) 439-8351**

To: _____

RE: _____ **SSN:** _____

Please Complete the Following:

- Is this person currently employed by you or your company?** Yes No
 Beginning date of employment: _____
 How many days will the individual normally work during a pay period? _____
 Do you expect any changes in income? Yes No If yes, please explain:
 _____.

- Please complete the following information for the most recent months.**

Date Pay received	Number of Hours worked per wk	Rate of pay per hour	Bonus or Vacation Pay	Gross Pay	Tips

- How often is the pay received?**
 Daily Weekly Bi-weekly Monthly Other
 What day of the week is pay received?
 Sun. Mon. Tue. Wed. Thur. Fri. Sat.
 If the individual is no longer employed by you, complete the following information:
Reason for termination of employment:
 Quit Terminated Laid off Other: _____
Date of termination or lay off: _____ **Date of final pay:** _____

Thank you for your assistance in this matter. If you have any questions regarding this form, please contact Morganton Housing Authority at 437-9101.

Company Name Name/ Title Date

Company Address Telephone Number

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State Law may also provide penalties or false or fraudulent statements.