

**Telephone (336) 599-8616**  
**Fax (336) 599-8622**

**Relay – North Carolina**  
**1-800-735-2962 (TDD)**  
**1-800-735-8262 (Voice)**

**Roxboro Housing Authority**  
**Post Office Box 996**  
**Roxboro, North Carolina 27573**

To Employers:

We are required by law to verify the income of all applicants and residents in our low-income housing program. We ask your cooperation in supplying the information requested below. This information will be held in confidence for use only in determining the family's eligibility.

Thank you,

*Felts Lewis*  
Executive Director

.....  
Signature of Applicant/Resident for release of information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Employee's Name \_\_\_\_\_ SSN# \_\_\_\_\_

Job Classification \_\_\_\_\_

Dates Employed \_\_\_\_\_

Wages per Hour \$ \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Pay Frequency: \_\_\_\_\_

Hourly overtime rate \$ \_\_\_\_\_ Average hours of overtime per week \_\_\_\_\_

If paid other than hourly basis, the total amount if:

Weekly \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Semi-monthly \$ \_\_\_\_\_

Comments:

Company \_\_\_\_\_

Signed by \_\_\_\_\_