

**EMPLOYMENT VERIFICATION**

To: (Employer)/HR Dept. Representative Date \_\_\_\_\_

\_\_\_\_\_

RE: \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The individual named directly above is a tenant of the City of Paducah Section 8 Housing Choice Voucher Program that requires verification of their income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Section 8 Representative Name  
\_Samantha Brooks\_ Housing \_Specialist\_

Return Form To:

**City of Paducah Section 8  
2330 Ohio St  
Paducah, KY 42003  
Or by Fax To: 270-408-2131**

**THIS SECTION TO BE COMPLETE BY EMPLOYER**

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

Presently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date first Employed \_\_\_\_\_

Last Day of Employment \_\_\_\_\_

Current Wages /Salary (per hour): \$ \_\_\_\_\_ Average hours per week \_\_\_\_\_

How often are you paid? Check one: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Semi-monthly \_\_\_\_\_

Monthly \_\_\_\_\_ Yearly \_\_\_\_\_ PRN \_\_\_\_\_

Other (Explain) \_\_\_\_\_

If employee is on leave please answer this section:

Medical Leave Start Date \_\_\_\_\_ Medical Leave Return Date \_\_\_\_\_

Maternity Leave Start Date \_\_\_\_\_ Maternity Leave Return Date \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Employer Signature

Employer's Printed Name

Date

Phone # \_\_\_\_\_

City of Paducah, Section 8 Housing  
2330 Ohio St  
Paducah, KY 42003  
Phone 270-450-4239  
Fax 270-408-2131

Email to: sbrooks@paducahhousing.com