



742 MCKNIGHT DRIVE, SUITE 201  
KNIGHTDALE, NC 27545  
[WWW.REEVESREALTY.NET](http://WWW.REEVESREALTY.NET)

OFFICE: 919-217-5222  
FAX: 919-443-1206

**INCOME VERIFICATION**

This will authorize \_\_\_\_\_ (employer) to release the information requested below regarding my employment / compensation / termination.

eMail address for Employer \_\_\_\_\_

Applicant Full Name (Please Print or Type) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant Current Street Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Sir/Madam:

We are requested to verify the incomes of all members of families applying for or living in property we manage. This information will be kept in strict confidence and used only to determine your employee's eligibility due to North Carolina Housing Regulations. Your prompt return of this letter will be appreciated. A stamped, self-addressed return envelope is enclosed.

Management Agent -----

Employed Since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ \$ \_\_\_\_\_ /hr \_\_\_\_\_ hrs/week \_\_\_\_\_ weeks/year

GROSS ANNUAL EARNINGS (over the next 12 months): \$ \_\_\_\_\_

ESTIMATED ANNUAL AMOUNT OF OVERTIME: \$ \_\_\_\_\_

ANNUAL INCOME FROM BONUS, TIPS, COMMISSIONS, ETC. \$ \_\_\_\_\_

ANNUAL AMOUNT FOR MEDICAL COVERAGE DEDUCTION: \$ \_\_\_\_\_

DEDUCTION FOR SAVINGS PLAN: \$ \_\_\_\_\_

NATURE OF EMPLOYMENT:

Permanent \_\_\_\_ Temporary \_\_\_\_ Seasonal \_\_\_\_ Part-time \_\_\_\_

Probability of continued employment: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_

