

**SANTA FE COUNTY HOUSING AUTHORITY
52 CAMINO DE JACOBO
SANTA FE, NEW MEXICO 87507
505-992-3060
(Fax) 505-992-3064**

Waiting List

EMPLOYMENT VERIFICATION FORM
To be completed by EMPLOYER ONLY

Name:	_____
Social Security Number:	_____
Company Name:	_____
Start Date:	_____
Last Date of Employment: (If Applicable)	_____
Position / Title:	_____
Hours Per Week:	_____
Hourly Wage:	_____
Other pay such as tips, bonus, or commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type and how much:	_____
How often is employee paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
_____ Employer's Signature	_____ Date
_____ Title	_____ Phone Number

PHA Notes: