the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Housing Division
Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 421-8885

Employment Income Verification

Employee name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Social Security no.: _____

The Chickasaw Nation Housing Division is required to verify the income of all applicants/tenants/participants of the programs. The person named above states that they are now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary.

_____ _____
Housing division representative signature Date

I hereby authorize the release of this information to the Chickasaw Nation Housing Division.

_____ _____
Employee signature Date

The information below is to be completed by the employer only:

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Date of employment: _____

Occupation: _____

Employment is: ☐ Full-time ☐ Seasonal ☐ Part-time ☐ Temporary
If seasonal or temporary, please explain: _____

_____

Current average number of hours worked per week: _____ Straight time: _____ Overtime: _____

Current base pay rate: $ _____ per: _____ Date effective: _____

Expected change in rate of pay (date): _____

New base pay rate: $ _____ per: _____

If overtime rate is paid, at what rate is it paid: $ _____

Amount of bonus, incentive pay, commission and/or tips: $ _____ per: _____

If seasonal or sporadic employment, give lay-off periods: _____

Does this employee receive vacation with pay: ☐ Yes ☐ No Sick leave with pay: ☐ Yes ☐ No

Amount deducted for medical/hospital insurance: $ _____ per: _____
Weekly, bi-weekly, monthly

Amount deducted for child support: $ _____ per: _____
Weekly, bi-weekly, monthly

Anticipated total earnings for the next 12 months: $ _____

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

Date: _____ By: _____

Firm name: _____ Title: _____

Address: _____ Phone no.: (____) _____