



VERIFICATION OF EMPLOYMENT

This form must be submitted by the employer to the Longview Housing Authority.

Email: LHA@LongviewTexas.gov

Fax: (903) 237-1254

Mail: P.O. Box 1952, Longview, Texas 75606

I. THIS SECTION IS TO BE COMPLETED BY APPLICANT/PARTICIPANT

Applicant/Participant Name: _____ Email: _____
 Address: _____ Phone #: _____
 Last 4 Digits of SSN: _____ Case Worker: _____

RELEASE: I hereby authorize the release and/or verification of my employment information to the Longview Housing Authority.

 Applicant/Participant Signature Date

II. THIS SECTION IS TO BE COMPLETED BY EMPLOYER

The individual named above is an applicant/participant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Employee Name: _____ Job Title: _____
 Presently Employed **Yes** Start Date: _____ **No** Last Day of Employment: _____
 Hourly Wage \$ _____ Average number of hours worked per week _____
 Pay Frequency: **Daily** **Weekly** **Bi-Weekly** **Semi-Monthly** **Monthly**
 Commission, bonuses, and/or tips? **Yes** **No** Overtime pay **FREQUENTLY** **RARELY** **NEVER**
 Will there be any changes in the next few months? **Yes** **No**
 Additional Comments: _____

LAST THREE (3) PAY PERIODS			
Date Pay Period Ended	Actual Hours	Gross Pay	Other Pay <i>(Tips and/or Commission)</i>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

 Employer's Name (Printed) Date

 Employer's Signature Company Name

 Email Phone Number