

Montgomery County Housing Authority

Verification of Employment

Applicant/Tenant Name _____ SS# _____ - _____ - _____

Head of Household _____

Address _____ Phone _____

I, _____, hereby authorize the release of information requested below regarding my employment and compensation.

Signature _____ Date _____

The person named above is an applicant/participant on the Section 8 Housing Program. HUD eligibility regulations require a verification of income. The applicant/participant has authorized by signing above, the release of the requested information. The information you provide will remain confidential and will be only used to determine program eligibility and rent portion.

Please fax back (936) 539-4758

Thank you,
Shirley Green
Roxanne Albizuri

Information below must be completed by MCHA Representative

The employee cannot fill out this form. It must be filled out and signed by the owner, manager, or other human resources personnel. Please complete each blank if something does not apply please put "0" or N/A.

Start Date ____/____/____ to ____/____/____ Position/Title _____

Current Position is: Fulltime ____ Part-time ____ Contract ____ Temporary ____ Seasonal ____

Current Position Pay Schedule: Weekly ____ Bi-Weekly ____ Semi-Monthly ____ Monthly ____

Average # of hrs per wk: _____ Gross YTD \$ _____ as of ____/____/____

Current Rate of Pay: \$ _____ per Hour ____ Week ____ Month ____ Other _____

Is this employee paid: Year Around / Academic Calendar

Does this person ever receive overtime? _____ If yes, how often _____

Current Rate of Overtime Pay: \$ _____ per Hour ____ Week ____ Month ____ Other _____

Estimated weekly Tips _____ Commissions _____ Bonuses _____ Other _____

Do you anticipate that this person will receive a pay raise in the next 12 months? _____ If yes when _____ and what will the pay increase amount be \$ _____.

Additional Comments: _____

Company Name _____ Phone # _____

Company Address _____

Printed Name _____ Title _____

Signature of Representative _____ Date _____