

Montgomery County Housing Authority

# Employment Verification

Applicant/Tenant Name \_\_\_\_\_ Date \_\_\_\_\_

Head of Household Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Tenant Employer

To release the requested information below regarding my employment and compensation.

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

The person named above is an applicant/participant on the Housing Choice Voucher 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.

Thank you,

Montgomery County Housing Authority  
Tel: 936-539-4984 / Fax: 936-539-4758

PHA USE ONLY:  
Phone Verification  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

**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 \_\_\_\_\_