

Montgomery County Housing Authority
END OF EMPLOYMENT VERIFICATION

Applicant/Tenant Name _____ Date _____
Head of Household Name _____
Address _____ Phone _____
_____ SS # _____

The person named above is an/a applicant/tenant for Housing Choice Voucher Program. HUD eligibility regulations require a verification of income and other information related to applicant/tenant eligibility. The applicant/tenant has authorized the release of the requested information by signing below. The information you provide will remain confidential and will only be used to determine program eligibility and portion of rent. **The employee cannot complete this form. This form must be completed by the owner, manager or other human resources personnel authorized to give such information.**

Thank you,

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

PHA USE ONLY: Phone Verification Date: _____ Initials: _____

I, _____, hereby authorize _____
Tenant Employer

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

Signature _____ Date _____

To Be Completed by Employer:

Employee Name: _____

Employee Address: _____

Date Employed: _____ Date Employment Ended: _____

Last date employee worked: _____

Hourly Rate: _____ Average # of hours per week: _____ YTD Earnings _____

Will employee receive additional compensation for unused vacation or sick leave? Yes _____ No _____

If yes, how much will they receive? \$ _____

Will employee receive any additional compensation for workman's compensation? Yes _____ No _____

If yes, please provide company name, address and telephone number to contact for further information: _____

Reason for end of employment? Employee quit _____ Terminated for cause _____ Other _____

If terminated for lack of work, do you anticipate rehiring this employee? Yes _____ No _____

If yes, please give a reasonable expected date of return _____

Company Name: _____

Address: _____

Signature of Authorized Representative Completing This Form

Title

Tel: _____

Date _____

Additional Comments: _____