



Please fax response to: 325-676-6375
Counselor: _____

EMPLOYMENT VERIFICATION

Date: _____

Name: _____ S.S. # _____

Address: _____

Employer/Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____

I authorize the employer/company identified above to provide Abilene Housing Authority with information concerning my employment and wages, as specified on this form. This information will only be used to determine my eligibility for admission and/or continued assistance from the rental assistance program. I understand this information will be kept confidential by Abilene Housing Authority

Signature

Date

DO NOT WRITE BELOW THIS LINE

(To be completed and mailed/faxed by Employer/Company)

Occupation: _____ Employment is: Permanent ___ or temporary: _____

Employed FROM: _____ TO: _____

Current Rate of Pay: \$ _____ per / _____ hour / _____ day / _____ week / _____ month

Pay Effective since _____ Overtime Rate (if any): \$ _____ Average Hours

Worked per Week: _____ Year-to Date Earnings: \$ _____

Other Income (Tips, Differentials, etc.): \$ _____ per from _____

If Known, Expected Change in Pay Rate: \$ _____ Effective Date of Change: _____

TERMINATION DATE: _____

Employer Signature

Contact #

Title of person completing form

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Phone: 325-676-6385

Fax: 325-676-6375

Relay Services: 711 or 1-800-RelayTX

Website: www.abileneha.org

Equal Opportunity Employer / Equal Housing Opportunity

