



Employment Verification

Date: _____

Name: _____ S.S.# _____

Address: _____

Employer Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____

I authorize the Employer/Company identified to provide the 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 continuance on the rental assistance program. I understand this information will be kept confidential by the Abilene Housing Authority.

Signature _____

Date _____

TO BE COMPLETED AND MAILED OR 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.