



2001 North Hoard Avenue | P.O. Box 2147  
Sherman, Texas 75091-2147

Phone: 903.893.3139

Fax: 903.893.9064

### Verification of Employment

Dear Sir/Madam:

Federal requirements require us to verify the income of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use the information only to determine the family's eligibility and rent and will keep all information confidential. We would appreciate your prompt return of this letter. A self-addressed stamped envelope is enclosed. You may also email to: \_\_\_\_\_ . Thank you,

\_\_\_\_\_  
SHA Staff

I hereby authorize the release of the requested information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Applicant sign, SSN, and date above this line. Only employer completes information below this line.**

Employed Since: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary Base Pay Rate: \$ \_\_\_\_\_ per hour; \$ \_\_\_\_\_ per week; \$ \_\_\_\_\_ per month.

Average hours worked at Base Pay Rate: \_\_\_\_\_ Hrs/week; or \_\_\_\_\_ Hrs/month; \_\_\_\_\_ year.

Is this person likely to get Overtime? \_\_\_\_\_ Yes or \_\_\_\_\_ No. If yes, Overtime pay Rate: \$ \_\_\_\_\_.

Average number of Overtime hours expected during the next twelve months: \_\_\_\_\_.

Any other compensation not listed above? Please specify commissions, bonuses, tips, etc.

For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_.

Is pay received for vacation? \_\_\_\_\_ Yes or \_\_\_\_\_ No. If yes, number of days/year: \_\_\_\_\_.

Total Earnings for the past 12 months: \$. From \_\_\_\_\_ To \_\_\_\_\_.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date