



**ROSENBERG HOUSING AUTHORITY
117 LANE DR., SUITE 18
ROSENBERG, TX 77474
(281) 342-1456
FAX (281) 232-2920**

EMPLOYMENT VERIFICATION

DATE: _____
PHONE #: _____
FAX #: _____

It is necessary for the Rosenberg Housing Authority to have on file written verification of all family income to establish eligibility for housing and to determine the monthly rent. **The Department of Housing and Urban Development requires that the applicant must not assist in anyway with the process of obtaining income verification.**

Please furnish to the Housing Authority all information requested below:

My signature below gives full authorization to my employer to disclose
All information listed below to the Rosenberg Housing Authority.

Print Name _____ Signature _____
Social Security Number: _____
Address: _____

If currently employed fill in start date to present. If no longer employed fill in start date to ending date.

Employed by you: From _____ to _____ Occupation _____

Income Record: Gross rate of pay _____ Per _____
Date employee began receiving the amount _____
Earnings past 12 months: _____ (or from date of employment) from _____ to _____
Anticipated earnings next 12 months _____
How often paid: weekly _____ Bi-weekly _____ Monthly _____
Hours worked per week _____ Regular _____ Overtime _____
Commissions, Bonus and/or tips per week: _____
Is employment: Permanent? _____ Seasonal? _____ Temporary? _____

REMARKS: _____

DATE: _____ EMPLOYER: _____
TELEPHONE: _____ NAME/TITLE: _____

<p>WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.</p>

OFFICE HOURS: Monday through Thursday 9:00 to 12:00 a.m. and 1:00 to 5:00 p.m.