

**CITY OF BAYTOWN
COMMUNITY DEVELOPMENT OFFICE**

VERIFICATION OF EMPLOYMENT

Applicant's Name: _____ SSN: _____

Employee's Name: _____ SSN: _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

The individual name above is an applicant for housing assistance. Federal regulation requires that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period, and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation. Our office phone number is (281) 420-5390.

I hereby authorize the release of the information requested below.

Signature Date

TO BE COMPLETED BY AUTHORIZED OFFICIAL

1a. Date of Employment _____ 1b. Position/Occupation _____

2. Home Address _____

3. Date of termination (if applicable) _____

4. Current Rate of regular pay \$ _____ (hour, week month, etc) 4b. Current rate of overtime pay \$ _____ (hour, week month, etc)

5. Number of hours per week employee normally works _____

6. Anticipated average amount of overtime per week _____

7. Gross annual earnings you anticipate for this employment for the next twelve months \$ _____ (Gross amount including tips, bonuses, overtime, commissions)

8. Anticipated tips commission, bonuses, etc. \$ _____

9. Does employee participate in a mandatory retirement program? () Yes () No
If yes, amount deducted \$ _____ per _____

10. Do you anticipate any change in the employee's rate of pay in the near future? () Yes () No
If yes, revised rate \$ _____ Effective Date _____

11. Do you anticipate any change in the number of hours the employee works? () Yes () No
(If yes, explain under item 16)

12. Does this employee receive vacation with pay? () Yes () No

13. Does this employee receive sick leave with pay? () Yes () No

14. Amount deducted for medical coverage? \$ _____

15. Amount deducted for savings plan \$ _____

16. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

Additional Comments: _____

I certify that the proceeding information is true and correct.

Signature/Title of Authorized Official Date Telephone Number