

# EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY BY TENANT

To: (name and address of employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # \_\_\_\_\_  
Applicant/Tenant name

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and gratly appreciated.

Please return form to: Watson Enterprises LLC email: watsonenterprises@livingston.net  
209 E Denham St fax: 936-327-2832  
Livingston, Texas 77351 text: 936-425-1878

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: YES \_\_\_\_\_ First date Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current wages/salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly other \_\_\_\_\_

Average number of regular hours per week: \_\_\_\_\_ Year-to-Date earnings: \$ \_\_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ Average # of shift dirrerential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_

If the employee's work is seasonal or sporatic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's signature Employer's Printed Name Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Phone # Fax# E-mail