

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT

To: (name and address of employer)

Date: _____

Re:

Applicant/Tenant name

Social Security Number

Unit #

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 greatly appreciated.

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 differential 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 sporadic, 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

Please return completed form to:

Watson Enterprises LLC

PO Box 1216

Livingston, Texas 77351

fax: 936-327-4970

text: 936-425-1878