

**STOP!!**  
**EMPLOYER TO**  
**FILL THIS OUT**

## Centerville Housing Authority

CITY OF CENTERVILLE  
130 E. Main St., PO Box 249  
Centerville, Texas 75833  
Phone: 903-536-2378 Fax 903-536-5003

### ADDRESS AND INCOME VERIFICATION

We are required to verify the current and incomes of all members of families applying for living in Federally Assisted Housing. Supply the information requested below and return this form by the date indicated. We will keep the information in strict confidence and use it only to determine your employee's eligibility for housing at a special rental rate.

Your **PROMPT** completion of this form is greatly appreciated.

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security No.

I hereby give my consent for the release of information requested by Centerville housing Authority:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### TO BE FILLED OUT BY EMPLOYER ONLY

Full Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Employed From \_\_\_\_\_ 20\_\_\_\_ to: \_\_\_\_\_ 20\_\_\_\_ Occupation: \_\_\_\_\_

Employment is [  ] Permanent [  ] Temporary [  ] Part-Time [  ] Seasonal

Current or Last Base Pay Rate \$ \_\_\_\_\_ per \_\_\_\_ Effective since \_\_\_\_\_ Overtime Rate \$ \_\_\_\_\_ per \_\_\_\_

Average Number Hours Worked per Week: Straight time \_\_\_\_\_ Overtime \_\_\_\_\_

Number of Free Meals Received per week in addition to pay \_\_\_\_\_

Estimated Amount of Tips \$ \_\_\_\_\_ per \_\_\_\_ Bonus \$ \_\_\_\_\_ per \_\_\_\_ Commissions \$ \_\_\_\_\_ per \_\_\_\_

Actual Earnings during the past 12 months or for period of employment (if) less than 12 months:

From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_ Number of Overtime hours \_\_\_\_\_

Your Estimate of Anticipated total earnings the next 12 months: \$ \_\_\_\_\_

Payroll deductions required by law or as a condition of Employment: Social Security [  ] Yes [  ] No

Retirement \$ \_\_\_\_\_ per \_\_\_\_ or % \_\_\_\_\_ Union dues \$ \_\_\_\_\_ per \_\_\_\_ other \$ \_\_\_\_\_ per \_\_\_\_

IF NO LONGER EMPLOYED Date of termination \_\_\_\_\_ Date of last check \_\_\_\_\_

Amount of last check \$ \_\_\_\_\_ Reason for termination \_\_\_\_\_

DATE: \_\_\_\_\_ FIRM NAME: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FAX NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE EMAIL COMPLETED DOCUMENT TO OUR OFFICE: [Lucille@ha-centerville.com](mailto:Lucille@ha-centerville.com)