

**BRENHAM HOUSING AUTHORITY**  
**1801 NORTHVIEW CIRCLE DR**  
**BRENHAM, TX 77833**  
**Phone (979) 836-9221 & Fax (979) 830-8701**  
**@BrenhamHousing.org**

\_\_\_ LR     \_\_\_ New  
 \_\_\_ S8    \_\_\_ Re-exam  
 \_\_\_ NTA    \_\_\_ Interim  
 \_\_\_ NVV  
 \_\_\_ PL

**VERIFICATION OF EMPLOYMENT**

**Employer Name, Address, & Tel.#:**

**Your Name, Address, SS & Tel.#:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Res. Tel #: \_\_\_\_\_

The individual named above is an applicant for housing assistance. Federal regulations require 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.

I hereby authorize the Release of Information requested below.

**X**

**Your Signature (Resident/Applicant)**

Date

**Resident's Do Not Write Below Dotted Line**

**BELOW TO BE COMPLETED BY EMPLOYER ONLY – Fill out Completely**

1. Date of Employment: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Date of Termination (if applicable): \_\_\_\_\_
4. Current Rate of Regular Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
5. Current Rate of Overtime Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
6. Number of hours weekly employee **anticipated** to work: \_\_\_\_\_ **(This is Required)**
7. Anticipated average amount of overtime per week: \_\_\_\_\_
8. Employee is paid:            Weekly    Bi-Weekly    Monthly    Semi-Monthly
9. Gross annual earnings you anticipate for this employment for the next twelve months: \$ \_\_\_\_\_  
(gross amount including tips, bonuses, overtime, commissions)
10. Anticipated tips, commissions, bonuses: \$ \_\_\_\_\_
11. Do you anticipate any change in the employee's rate of pay in the near future: ( ) Yes ( ) No  
If yes: Revised Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_
12. **Answer ONLY if Home Health Services:** Does the employee have a current client? ( ) Yes ( ) No  
If not, do you expect a client be assigned in the near future? ( ) Yes ( ) No
13. **Answer ONLY if** the employee's work is seasonal or sporadic:  
Indicate lay-off periods: \_\_\_\_\_
14. How is the applicant paid: ( ) Check ( ) Cash ( ) Direct Deposit
15. Will receive a ( ) 1099 or a ( ) W2
16. Contributions to company retirement/pension funds (include only amount that can be withdrawn without retiring or termination of employment) \$ \_\_\_\_\_

**I certify that the preceding information is true and correct.**

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Printed Name & Title:**

\_\_\_\_\_  
**e-mail:**

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 Government as to any matter within its jurisdiction. Amount received for childcare are reportable to the IRS.