

Housing Authority of the City of Texas City Income/ Employment Verification

PART A. EMPLOYEE'S RELEASE (To be completed by Employee) I hereby authorize and request the release of the information requested below to the Texas City Housing Authority.

Employee Signature	Date
Employee Name (Print)	Social Security Number
Birth Date	H. O. H.

1. Employer's Name and Address:

Ph. No. _____

Fax. No. _____

2. Correction for Employer's Name and Address, if necessary.

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PART B. EMPLOYER INFORMATION (To be completed by Employer)

3. Employment Dates:

From _____ To: Still Employed, or
 Terminated.

9. Number of free meals received per week in addition to pay:

4. Termination Date:

10. Estimated Amount of:

Tips \$ _____ Per _____ . Bonus \$ _____ Per _____

Commissions: \$ _____ Per _____

5. Occupation / Title:

11. Actual Earnings During Past 12 Months: (or duration of employment if less than 12 months)

\$ _____

6. Employment is: (check one)

Permanent Temporary Seasonal

12. Estimate of Anticipated Total Earnings Next 12 Months:

\$ _____

7. Pay Rates:

Current or Last Base Pay Rate \$ _____ Per _____

Effective Since _____ Overtime Rate \$ _____

13. Payroll Deductions:

Social Security \$ _____ Union Dues \$ _____ Retirement \$ _____

Other \$ _____ Period (weekly, etc.) _____

8. Average Hours Worked Per Week:

Straight time _____ Overtime _____

14. Prepared by:

Name _____

Title _____

Phone Number _____ Date _____

PART C. HOUSING AUTHORITY INFORMATION

Return completed form to:
Texas City Housing Authority
817 Second Avenue North
Texas City, Texas 77590
Phone: (409) 945-4011 Fax (409) 943-4525

For Texas City Housing Authority Staff Only:

Date Receive _____ Initials _____