



# HOUSING AUTHORITY

*of the City of Orange, Texas*

## EMPLOYMENT VERIFICATION FORM

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
PHONE #

The Housing Authority is legally required to verify the income of families who apply for assistance. The above named person gave your name as an employer. Your cooperation in supplying information relative to his/her employment and income herein requested will be greatly appreciated. Information in this report will be held in confidence.

Sincerely,

\_\_\_\_\_  
OHA Official:

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I HEREBY AUTHORIZE YOU TO FURNISH ALL THE INFORMATION REQUESTED BELOW:

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

TO BE FILLED OUT BY THE EMPLOYER:

EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_, 20\_\_\_\_

JOB TITLE: \_\_\_\_\_

INCOME: HOURLY RATE OF PAY \_\_\_\_\_ REGULAR AVERAGE OF HOURS \_\_\_\_\_  
PER WEEK

OVERTIME HOURLY RATE \_\_\_\_\_ AVERAGE OF OVERTIME \_\_\_\_\_  
HOURS PER WEEK

TIPS PER WEEK \_\_\_\_\_

DATE EMPLOYEE BEGAN RECEIVING THIS AMOUNT \_\_\_\_\_

AMOUNT EARNED AS TAKEN FROM THE TEXAS WORKFORCE COMMISSION EMPLOYERS QUARTERLY REPORT

\$ \_\_\_\_\_ JAN, FEB, MARCH      \$ \_\_\_\_\_ JULY, AUG, SEPT

\$ \_\_\_\_\_ APRIL, MAY, JUNE      \$ \_\_\_\_\_ OCT, NOV, DEC

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

516 Burton Ave\* Orange, TX 77630 \* (409) 951-7280

**A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY**

*The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Orange Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.*