

EMPLOYMENT VERIFICATION FORM



THE LONGMONT
HOUSING AUTHORITY

*This form is to be completed by the Employer, Manager, or
Personnel Office. The Employee is NOT authorized to
Complete this form for verification.*



Attn: Human Resources/Personnel

Employee: _____

Longmont, Colorado 80501

Social Security Number: _____

The person named above has given you as an employer reference. The United States Housing Act of 1937, as amended, requires us to obtain verification of annual income for all household members who apply or are participating in a Federal housing program. Periodically we are required to review this information during the tenure of family's participation for the purpose of determining eligibility.

Please complete any information that applies to the employee and be assured that your reply will be kept confidential. It will be appreciated if you would answer this inquiry as soon as possible and return it to us by mail, fax, or email. If you have any questions, please contact us.

Thank you,

LHA Housing Specialist

Phone: 303-651-8581 Fax: 303-682-2899

Email: info@longmontha.com

Please furnish the information requested below:

(Signature of Employee)

Occupation / Title

Start Date: _____ End Date: _____

Eligible for rehire? _____ Unemployment: _____

Is this a temporary assignment: _____ Last date of Temporary employment? _____

Do you anticipate reassignment? _____

If seasonal or temporary, what are the average annual gross wages? _____

Basic rate of pay per hour.....\$ _____ Hours per week _____

Overtime Rate per hour.....\$ _____ Average overtime hours per week: _____

If pay is not an hourly rate, what is the pay scale: \$ _____ per _____

Average for Weekly Commissions? \$ _____ Average Weekly Tips? \$ _____

Are meals included? _____ Are meals in addition to gross pay? _____

TOTAL GROSS WAGES (From Initial Date of Employment to Current) _____

Signed: _____ Title: _____

Telephone: _____ Date: _____