



APARTMENT COMPLEXES:

PARK HOMES
GEORGE SMITH
SUNSET TERRACE
LA VILLITA
COMMERCE MANOR

BHA

Brownwood Housing Authority

P.O. Box 1647 BROWNWOOD, TEXAS 76804
TELEPHONE: (325)646-0790
FAX: (325) 646-7799

EXECUTIVE DIRECTOR

DAVID LONG

david@bwdhousing.org

HOUSING CHOICE VOUCHER PROGRAM

GWEN GAINES - SUPERVISOR

gwen@bwdhousing.org

PUBLIC HOUSING

MARY HALES - SUPERVISOR

mary@bwdhousing.org

MANAGING AGENT

CHRISTY MERCER - SUPERVISOR

christy@bwdhousing.org

MAINTENANCE

MICHAEL LANDERS - SUPERVISOR

mike@bwdhousing.org

EMPLOYMENT VERIFICATION

Date: _____

Phone No. Of Employer

To: _____

Dear Employer:

The person listed below is or will be receiving assistance from the Brownwood Housing Authority. In order for our office to determine the amount of rent the family will pay, we need the information below to be completed and returned to our office by: _____, or fax to 325-646-7799.

Thank you in advance for your prompt response.

Sincerely,

Brownwood Housing Authority

Tenant/Applicant Name: _____ Soc.Sec. #: _____

Address: _____ Ph. No.: _____

My signature below authorizes the release of this information:

Signature Date

TO BE COMPLETED BY EMPLOYER:

Employer Phone No. _____

Employer Fax No. _____

Name shown on your payroll records: _____

Date of Hire: _____

If laid off; Date of recall: _____

Position held: _____

Hourly Rate of Pay: \$ _____ Number of Hrs. Worked per week: _____ Salaried Rate of Pay: \$ _____

How often is employee paid? (CIRCLE ONE) Weekly Bi-Weekly Semi-Monthly Monthly

Does employee receive overtime pay? Rarely? _____ Often? _____ Never? _____

If so, Please estimate Number of overtime hours worked per week: _____

Estimate, if any, the amount of tips per week: _____

Actual earnings in the past 12 months? _____

Signature of Person Completing this form

Title

Name of Company

Ph. No.

Company Address

Date form completed