



The below named individual has applied to receive rental assistance from the City of Longview Housing Program. One of the requirements of this program is verification of income from all sources. This is for the confidential use of the City of Longview and the US Department of Housing and Urban Development. Your consideration and promptness will be greatly appreciated.

903-237-1235  
903-237-1254 Fax

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The following applicant/client authorized this office to obtain his/her income verification from your files.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_

Social Security Number - - - - -

**VERIFICATION OF BENEFITS, WELFARE, OR OTHER INCOME:**

Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
TANF \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ VA Benefits \$ \_\_\_\_\_  
Family Contributions (weekly, monthly, daily) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**EMPLOYMENT VERIFICATION:**

1. Is this person employed by you? YES NO Start Date \_\_\_\_\_
2. Hourly wage \$ \_\_\_\_\_ Average number of hours worked per week \_\_\_\_\_
3. If terminated, last date employed \_\_\_\_\_
4. How often paid? DAILY WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
5. Is employee paid commission or tips? YES NO
6. Does employee receive overtime pay? FREQUENTLY RARELY NEVER
7. Does employee receive paid sick leave? YES NO

**LAST THREE (3) PAY PERIODS:**

Date Pay Period Ended	Actual Hours	Gross Pay	Other Pay (tips, commission)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COMMENTS (Will there be any changes in the next few months?):**

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_  
FIRM OR AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U S Code makes it an offense to make willful false statements or misrepresentations to any department or agency of the U. S. as to any matter within it's jurisdiction.**