

Check one of the following:

No longer employed \_\_\_\_\_  
New employment \_\_\_\_\_  
Current employment \_\_\_\_\_  
Change of hours \_\_\_\_\_

Lubbock Housing Authority  
1708 Crickets Ave  
Lubbock, Texas 79401

Office Use Only

Recert Month: \_\_\_\_\_



**SECTION 8 Verification of Employment (VOE Form)**

**(Your information)**

**(Employer's information)**

Employee's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employee's Phone Number: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_

Employer's Fax Number: \_\_\_\_\_

Dear Employer:

The Lubbock Housing Authority is required to verify the income of all members of families applying for or living in federally assisted housing. To comply with these requirements, we ask for your cooperation in providing the information requested below regarding the above referenced individual. The Lubbock Housing Authority will keep the information in strict confidence and will use it only to determine the employee's eligibility for rental assistance. Please complete the requested information below and fax to the Section 8 Housing Department at (806) \_\_\_\_\_. If you have any questions, please call the Section 8 Housing Department at (806) 776-23\_\_\_\_\_.

**Housing Authority Caseworker/Manager Signature**

Employee is not required to sign this form if either the requesting organization or the organization supplying the information is left blank.

**RELEASE: I hereby authorize the release of the requested information.**

**XXX-XX-**

Employee's Signature

Employee's Social Security # Last 4 digits

Date

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Employee's name: \_\_\_\_\_ Title or position held: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ per hour / week / month (circle one)

Frequency of pay: weekly / bi-weekly / semi-monthly / monthly (circle one)

Average number of hours worked: \_\_\_\_\_ per week / pay period (circle one)

Overtime pay:

A) If employee is eligible for overtime pay, complete line C

B) If not eligible for overtime pay, please check \_\_\_\_\_

C) Overtime Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime begins after \_\_\_\_\_ hours

Date current rate of pay became effective: \_\_\_\_\_

Total **gross** earnings for the past twelve months: \_\_\_\_\_

Any other compensation\*\* not included above: \$ \_\_\_\_\_ per \_\_\_\_\_

\*\*Please specify if this is commission, bonuses, tips, etc.: \_\_\_\_\_

**Signature of Person Providing Information**

**Date**

**Print or Type Name**

**Title**

**Employer's Address**

**Phone Number**