

LEXINGTON HOUSING AUTHORITY

ONE COUNTRYSIDE VILLAGE, LEXINGTON, MASSACHUSETTS 02420-2576

CAILEEN B. FOLEY, EXECUTIVE DIRECTOR

TEL 781 861-0900

FAX 781 861-1938

TDD 1-800-545-1833 EXT 104



CERTIFICATE OF EMPLOYMENT

Name of Employer _____ Date _____

Employer's Address _____

Employee Name _____

Employee's Address _____

The Lexington Housing Authority is required by Federal and State regulations to verify information concerning the income of tenants and members of their family. The above-named tenant has consented to your release of this information on the enclosed authorization form. Your cooperation in answering all questions will be deeply appreciated.

TO BE COMPLETED BY EMPLOYER

I certify that _____, Occupation _____ is

employed by _____ address _____.

If address of employee is different that the address printed on the top of this form, please write the address as it appears on your records.

Over Please

1. Employed by us from _____ to _____.

2. Employment : Temporary _____ Permanent _____ Seasonal _____

3. Present rate of pay: Hourly _____ Weekly _____
Bi- Monthly _____ Monthly _____ **hours per week** _____

4. Total amount earned in past year: \$ _____

5. Is increase in earnings anticipated: yes _____ no _____
Amount anticipated _____ When _____

6. If employed less than one year, amount earned during employment.
From _____ to _____ \$ _____
Date started Date ended Amount earned

7. Gross income for ten (10) weeks as of _____ including overtime.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____

8. Is overtime seasonal ? Yes _____ No _____

9. Is the employee:

a. receiving Workers Compensation Benefits? Yes _____ No _____

b. receiving unemployment compensation? Yes _____ No _____

c. paying any amount for medical insurance, union dues, etc.
through payroll deductions? Yes _____ No _____
list deductions and specify if weekly or monthly.

I certify that the above information is true and correct.

Date: _____ Signature _____
Position _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.