

LEXINGTON HOUSING AUTHORITY

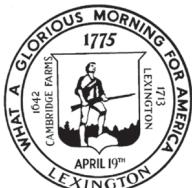
ONE COUNTRYSIDE VILLAGE, LEXINGTON, MASSACHUSETTS 02420-2576

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 than 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.