

LAGRANGE HOUSING AUTHORITY

P.O. BOX 626
LAGRANGE, GEORGIA 30241
BENJAMIN HARVEY HILL PHONE # (706) 882-6416 FAX # (706) 882-0781
LUCY MORGAN PHONE# (706) 884-9856 Fax# (706) 407-2261
EMAIL ADDRESS: HACOL@Phalagrang.net



EMPLOYMENT VERIFICATION

Date:	
Name:	
Address	
Last 4 Digits of SSN:	
DOB:	

To Whom It May Concern:

Income from salary wages is a principal factor to determine the eligibility and applicable rental payments of applicants and current resident at the LaGrange Housing Authority (LHA).

Your name has been given as an employer referenced by the person listed above. Please do not send the requested information by the said tenant. Please provide the requested information below by fax or mail:

Firm Name:	
Firm Address:	
Hire Date:	
Last Date Worked (if no longer employed):	
Hourly Wages:	
Hours per Week:	
Total amount of wages received up to present date:	
Completed by:	
Title:	
Telephone Number:	
Date:	

Sincerely,
Staff