

[Company Letterhead or Company Name]
[Employer Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Public Housing Authority Name]
[PHA Address]
[City, State, Zip Code]

RE: Employment Verification for [Employee Name]
SSN: [Last 4 Digits of Employee Social Security Number]

To Whom It May Concern,

Please accept this letter as formal verification of employment for [Employee Name].

Employment Details:

- **Job Title:** [Title]
- **Employment Status:** [Full-time / Part-time / Seasonal]
- **Start Date:** [Date]
- **Current Pay Rate:** \$[Amount] per [Hour/Week/Month]
- **Average Hours Per Week:** [Number of Hours]
- **Total Year-to-Date Earnings:** \$[Amount]

Additional Compensation (if applicable):

- **Overtime Rate:** \$[Amount]
- **Average Overtime Hours:** [Hours per pay period]
- **Bonuses/Commissions:** \$[Amount]

If you require any further information or have additional questions, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]
[Job Title]
[Company Name]