

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
EMPLOYMENT VERIFICATION**

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Employer)		Dated:
Employer Address:		Phone/Fax:
RE: (Applicant/Resident Name)		Social Security Number:
<p>RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.</p> <p>_____</p> <p align="center">Applicant/Resident Printed Name Signature Date</p>		
<p>Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>		
Administrator/Owner/Management Name:		TDHCA Number:
Address:		Phone:
Email Address:		Fax:
<p>Your prompt response is crucial and greatly appreciated,</p> <p>_____</p> <p align="center">Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title Signature Date</p>		

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:		Job Title:
Presently Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date First Employed: _____
		Last Day of Employment: _____ or <input type="checkbox"/> Not Applicable
Current Wages/Salary: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____		
Average # of regular hours per week:		Year-to-date earnings: \$ _____ through ____/____/____
Overtime Rate: \$ _____ per hour		Average # of overtime hours per week:
Shift Differential Rate: \$ _____ per hour		Average # of shift differential hours per week:
Commissions, bonuses, tips, other: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____		
List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____		
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):		
Do Employees have access to an Employer Retirement Account prior to termination or retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional remark(s):		

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,			
_____		_____	
Signature of Employers Authorized Representative	Representative's Title	Date	
_____	_____	_____	_____
Authorized Representative's Printed Name	Phone #	Fax #	Email

Employer [Company] Name and Address			

Note: Title 18, Section 1001 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.