

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

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

<b>TO: (Name of Employer)</b>	<b>Date:</b>	
<b>(Employer Address)</b>	<b>Phone/Fax:</b>	
<b>RE: (Applicant/Resident Name)</b>		
<b>RELEASE:</b> My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.		
_____	_____	_____
<b>Applicant/Resident Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Information</b> 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:		
<b>Administrator/Owner/Management Name:</b>		
<b>Address:</b>		<b>Phone:</b>
<b>Email Address:</b>		<b>Fax:</b>
_____	_____	_____
<b>Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title</b>	<b>Signature</b>	<b>Date</b>

**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): _____	
Additional remark(s): _____	

**III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION**

I certify that the above information is true and correct,

_____	_____	_____
<b>Signature of Employers Authorized Representative</b>	<b>Representative's Title</b>	<b>Date</b>
_____	_____	_____
<b>Authorized Representative's Printed Name</b>	<b>Phone #</b>	<b>Fax #</b>
_____		
<b>Employer [Company] Name and Address</b>		

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).