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:** | |
| **RELEASE:** My signature here or on the attached “Release and Consent Form” authorizes the release and/or verification of my employment information.    **Applicant/Resident Printed Name Signature Date** | | | |
| **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: | | |
| **Administrator/Owner/Management Name:** | | | **TDHCA Number:** |
| **Address:** | | | **Phone:** |
| **Email Address:** | | | **Fax:** |
| Your prompt response is crucial and greatly appreciated,    **Administrator/Owner/Mgmt Authorized Rep. Printed Signature Date Name/Title** | | | |

|  |  |
| --- | --- |
| **II. THIS SECTION TO BE COMPLETED BY EMPLOYER** | |
| Employee Name: | Job Title: |
| Presently Employed: YES NO Date First Employed:  Last Day of Employment: or 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? YES 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.

TDHCA Page 1 of 1 Revised May 2010