



TDHCA Single Family Programs

EMPLOYMENT VERIFICATION

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR AND EXECUTED BY APPLICANT

Name of Employer:	Date:
Employer Address:	Phone/Fax:
Applicant Name:	Last 4 of Social Security Number: XXX-XX-
Release: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.	

Applicant Name	Signature	Date
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INFORMATION FOR EMPLOYER

The individual named directly above is an applicant for a Texas Department of Housing and Community Affairs Single Family Program activity which requires verification of income. We ask for your cooperation in supplying this information to the below reference Administrator. The information provided will remain confidential and be used only to determine the eligibility status and level of benefit available to the applicant. **Your prompt response is crucial and greatly appreciated. Please return this completed form by mail, email, or fax to:**

Administrator:	TDHCA Contract Number:
Address:	Phone:
Email Address:	Fax:

Administrator Representative Name	Signature	Date
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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:	Date Last Employed (if applicable):
Current Wages/Salary: \$	(circle one) Hourly /Weekly /Bi-Weekly /Semi-Monthly /Monthly /Annually /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 number of shift differential hours per week:
Commissions, bonuses, tips, other: \$	(circle one) Hourly /Weekly /Bi-Weekly /Semi-Monthly /Monthly /Annually /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 comment(s):	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the information is true and correct.

Signature of Employer's Authorized Representative	Representative's Title	Date	
Authorized Representative's Printed Name	Phone Number	Fax Number	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.