

**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: Mid-Coast Family Services	TDHCA Number:
Address: 120 S. Main, Suite 310, Victoria, Texas 77901	Phone: 361-575-7842
Email Address:	Fax: 361-575-8218
Your prompt response is crucial and greatly appreciated,	
_____ Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	_____ Signature
_____ Date	

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? <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.