

# REQUEST FOR VERIFICATION OF EMPLOYMENT

**A. NAME AND ADDRESS OF APPLICANT FOR LOAN****B. NAME AND ADDRESS OF APPLICANT'S EMPLOYER**

Name

Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

**C. SOCIAL SECURITY NUMBER**

**NOTE TO EMPLOYER:** The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has authorized this Department in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this department and the U.S. Department of Housing and Urban Development. Please furnish this information requested below and return this form.

### EMPLOYER'S VERIFICATION

D. Position Held

E. Rate of Pay (Estimated, if not actually paid on hourly or annual basis)

F. Date of Employment

HOURLY \$ \_\_\_\_\_ ANNUAL \$ \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

G. Probability of Continued Employment

Additional Compensation:

Actual Amounts Received Past 12 Months

Overtime \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Other Remarks:

If applicant is in military service, give income on monthly basis as follows:

Additional Information:

Base Pay \$ \_\_\_\_\_

Quarters and Subsistence \$ \_\_\_\_\_

Flight or Hazard Duty Allowance \$ \_\_\_\_\_

**Signature of Employer**

The above information is furnished in strict confidence in response to your request.

Date

Signature

Title

NAME AND ADDRESS OF PUBLIC BODY TO WHICH THIS FORM IS TO BE RETURNED (INCLUDING ZIP CODE)

**Harris County Community Services Department**  
**Attn: Marissa Vazquez , Eligibility Specialist 8410**  
**Lantern Point**  
**Houston, Texas 77054**  
**Phone: 832-927-4700 Fax: 832-927-0564**

**Authorization**

I hereby authorize release of the above requested information.

Signature of Applicant

Date

