

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: Lending Services****8410 Lantern Point****Houston, Texas 77054****713-578-2059/FAX 832-927-0564****Authorization**

I hereby authorize release of the above requested information.

Signature of Applicant_____
Date

