

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT**  
*This form must be mailed or faxed to the resident's employer by on-site personnel.  
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name and address of employer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Resident Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Unit (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Property Owner/Management Agent  
  
\_\_\_\_\_  
**(972) 264-8917**  
Phone Number

**Return Form To:**  
  
**Landings of Carrier Parkway**  
**915 Desco Lane**  
**Grand Prairie, Texas 75051**  
**Fax Form To: (972) 266-0143**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_  
Presently Employed:  
 **Yes**      Date First Employed: \_\_\_\_\_  
 **No**        Last Day of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Current Wage/Salary: \$ \_\_\_\_\_ (circle one)  
hourly   weekly   bi-weekly   semi-monthly  
monthly   yearly   other: \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

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): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 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.