



# Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704  
(512) 477-1314 Fax (512) 494-0686

## HCV PROGRAM EMPLOYMENT / INCOME VERIFICATION

Tenant's Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

HCV Staff: \_\_\_\_\_ Date: \_\_\_\_\_

HACA is required to verify incomes of all members of families living in federally assisted housing. To comply with these requirements, HACA asks for your cooperation in supplying the information requested below. HACA will keep such information confidential and use it only to determine the tenant's eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated.

1. **Employee's Name (Print):** \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Address: \_\_\_\_\_

**X** \_\_\_\_\_

### 4. Employee's Signature

My signature gives full authorization to my employer to disclose all information listed below to the Housing Authority of the City of Austin.

**NOTE:** HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

EMPLOYER INFORMATION	
Company:	_____
Address:	_____
Phone No:	_____
Fax No:	_____
Attn:	_____

**\*\* (THIS SECTION MUST BE COMPLETED BY THE EMPLOYER ONLY and RETURNED TO FAX 512-494-0686) \*\***

1. Occupation: \_\_\_\_\_
  2. Date Employment **Began:** \_\_\_\_\_ **Termination Date (If Any)** \_\_\_\_\_
  3. **Gross Regular Rate Of Pay:** \$ \_\_\_\_\_ Per \_\_\_\_\_
  4. **Regular / Average Hours:** \_\_\_\_\_ Per Week
  5. **Pay Period** Per \_\_\_ Day \_\_\_ Week \_\_\_ Bi-Weekly \_\_\_ Bi-Monthly \_\_\_ Monthly
  6. **Overtime Rate of Pay:** \$ \_\_\_\_\_ Per Hour Average Hrs/Week of Overtime \_\_\_\_\_
  7. **Commission, Bonus, Tips, Etc** \$ \_\_\_\_\_ Per \_\_\_ Hour \_\_\_ Day \_\_\_ Week \_\_\_ Month \_\_\_ Year
- Is this a **temporary** position: \_\_\_ Yes \_\_\_ No, If Yes, # of weeks worked past **6** months \_\_\_\_\_

**Seasonal or Partial Year** Position: \_\_\_ Yes \_\_\_ No, If Yes, # of weeks worked per year \_\_\_\_\_

8. Total Base Pay Earnings For Past 12 Months \$ \_\_\_\_\_, Overtime \$ \_\_\_\_\_
  9. The most current raise in pay rate occurred on date \_\_\_\_\_ from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
  10. Last 6 gross pay period amounts: Per \_\_\_ Day \_\_\_ Week \_\_\_ Bi-Weekly \_\_\_ Bi-Monthly \_\_\_ Monthly
- |                 |                 |                 |
|-----------------|-----------------|-----------------|
| 1) \$ _____     | 2) \$ _____     | 3) \$ _____     |
| 4) \$ _____     | 5) \$ _____     | 6) \$ _____     |
| <i>Pay Date</i> | <i>Pay Date</i> | <i>Pay Date</i> |
| <i>Pay Date</i> | <i>Pay Date</i> | <i>Pay Date</i> |

Comments : \_\_\_\_\_

Employers Representative/ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_