



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) \$
_____	_____	_____
<i>Pay Date</i>	<i>Pay Date</i>	<i>Pay Date</i>
4) \$	5) \$	6) \$
_____	_____	_____
<i>Pay Date</i>	<i>Pay Date</i>	<i>Pay Date</i>

Comments : _____ *Pay Date*

Employers Representative/ Title _____

Signature: _____ Date: _____ Phone: _____