

## 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: Larry Moody, Housing Programs**  
**8410 Lantern Point**  
**Houston, Texas 77054**  
**713-578-2000/FAX 713-578-2196**

**Authorization**

I hereby authorize release of the above requested information.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

# REQUEST FOR VERIFICATION OF DEPOSIT

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**Name of Applicant****B. Name of Bank/Depository**

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

**C. Social Security Number(s)****D. Account Number(s)**

\_\_\_\_\_

**E. Balance** \_\_\_\_\_ **\$**

\_\_\_\_\_

**F. Type of Account(s)** \_\_\_\_\_

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**NOTE TO BANK OR OTHER DEPOSITORY:** 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 indicated in a financial statement that the information shown in Block E and F above concerning a deposit with you, and has authorized this Public Body in writing to verify this information with any source named in the application. We also wish to know whether this application has any loans outstanding with your institution. Your verification of this information, together with any other information that may be of assistance in rendering a decision, is for the confidential use of this Public Body shown in Block M, using the address shown. Any statements on your part or on the part of any of your officers as to the responsibility or standing of any person, firm or corporation is a matter of opinion and is given as such, and solely as a matter of courtesy, for which no responsibility is attached to your institution or any of your offices.

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**VERIFICATION OF BANK OR OTHER DEPOSITORY**

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**G.** Is information given in Blocks E and F approximately correct?  Yes  No

**H.** Loans outstanding to applicant:

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**Date of Loan and balance**

1. Secured	_____	\$
2. Secured	_____	\$

**I.** Approximate average balance for the past two months: \_\_\_\_\_

**J.** If account was opened less than two months ago, give the date opened: \_\_\_\_\_

**K.** Additional information: \_\_\_\_\_

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**L. Signature of Official Bank or other Depository**

The above information is furnished in strict confidence in response to your request, and is solely for use of the Public Body shown in Block M and the U.S. Department of Housing and Urban Development.

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\_\_\_\_\_

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**M.** Name and Address of Public Body to which this form is to be returned (including Zip Code)

**Harris County Community Services Department**

**Attn: Larry Moody, Housing Programs**

**8410 Lantern Point**

**Houston, Texas 77054**

**713-578-2000 / Fax 713-578-2196**

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**N. Authorization**

I hereby authorize release of the above requested information.

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## VERIFICATION OF ASSETS DISPOSED

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I, \_\_\_\_\_, certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I have not disposed of more than \$1,000.00 in assets for less than fair market value.

If assets were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	
4.	

Amount received for assets disposed of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date