



HOUSING AUTHORITY OF THE CITY OF BASTROP

PO Box 707(mailing), 502 Farm Street (physical), Bastrop, TX 78602

PH: 512-321-3398 TTY: 1-800-735-2989 FAX: 512-303-0568

The Owner does not discriminate against persons with disabilities

VERIFICATION OF EMPLOYMENT

To:

Date: _____

RE: _____

Address: _____

SSN: _____

The Housing Authority of the City of Bastrop is a federally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for, or a participant in, a federally-assisted housing program operated by the Housing Authority. In order to determine his/her eligibility and rent payment, written verification of income is required. Please complete this form and return it as soon as possible. Thank you for your assistance.

Housing Authority Representative: _____

I do hereby authorize the my employer to release all information related to my employment.
Signature: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000.00. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6), U.S.C. 408 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C, 408 (a) (6), (7) and (8).

To be completed by employer:

Date employment began: _____ Occupation: _____
Date terminated, if applicable: _____ Re-employed: _____
Base Pay: \$ _____ per [] hour [] day [] week [] month [] year
If paid hourly, average hours worked per week: _____ **If paid daily**, average days worked per week _____
If paid weekly, average hours worked per year: _____ **If paid monthly**, average months worked per year _____

Overtime Pay: \$ _____ per hour Expected overtime hours per week _____

Other Compensation (Tips, Bonuses, Commission) estimated per pay period: \$ _____
Total earnings in the past 12 months: \$ _____

Do Federal Funds pay for any part of salary? [] NO [] YES Amount \$ _____
If yes, name of program is _____

Name _____ Title _____
Signature _____ Phone () _____ Date: _____

If mailing address if missing or different than above, please provide:

Firm Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____