

## EMPLOYMENT VERIFICATION

It is a requirement of the Department of Housing and Community Affairs that verifications are made of income on all members of families applying for assistance from Rolling Plains Management Corporation. Please complete this verification as soon as possible. Your prompt attention to the matter is greatly appreciated.

Please return to the employee to return to the local Rolling Plains Management Corporation office.

Wichita Falls Office  
719 Scott Avenue, Suite 700  
Wichita Falls, TX 76301

Abilene Office  
1150 Estates Drive, Suite A  
Abilene, TX 79601

Crowell Office  
PO Box 490  
Crowell, TX 79227

I hereby give my consent for the information requested by this letter to be released.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Employee Names (as shown in your records)		
Employee Address – City, State, ZIP (as shown in your records)		
Is (or was) this person employed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of job? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Rate of Pay \$	Per Hour	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
On the chart below, list all wages received by the employee during the date(s) of:		
Date Employee Received Check	Actual Hours Worked	Gross Pay Amount

IF THIS PERSON IS NO LONGER IN YOUR EMPLOY: Date Separated: \_\_\_\_\_

Date Final Check Received: \_\_\_\_\_

This information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature – Person verifying this information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Company or Employer

\_\_\_\_\_  
Address (City, State, Zip)