

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	Abilene Office	Crowell Office
807 8 th St, Suite 300	1150 Estates Drive, Suite A	PO Box 490
Wichita Falls, TX 76301	Abilene, TX 79601	Crowell, TX 79227

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

Client Signature	Date	
Employee Name(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: \$ <input type="text"/> 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 EMPLOYED: 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

Phone Number

Company or Employer

Address(City, State, Zip)

12/19/2025