

## 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.

|                                   |                             |                       |
|-----------------------------------|-----------------------------|-----------------------|
| <b>Wichita Falls Office</b>       | <b>Abilene Office</b>       | <b>Crowell Office</b> |
| 807 8 <sup>th</sup> St, Suite 300 | 1150 Estates Drive, Suite A | PO Box 490            |
| Wichita Falls, TX 76301           | Abilene, TX 79601           | Crowell, TX 79227     |

I hearby 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? ____ Yes ____ No<br>If yes, what type of job? ____ Full Time ____ Part Time ____ Permanent ____ Temporary |                        |  |
| Rate of Pay: \$  | Per Hour               | How often paid? ____ Weekly ____ Monthly<br>____ Other |
| On the chart below, list all wages received by the employee during the date(s) of:   |                        |  |
| Date Employee<br>Received Check  | Actual Hours<br>Worked | Gross Pay<br>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