



**Texas General Land Office**  
**Community Development and Revitalization**  
**Form 14.08 Verification of Employment**

Applicant Information		
<b>Program:</b>	<b>Disaster:</b>	
<b>Applicant Name(s):</b>		
<b>Application ID:</b>		
<b>Applicant Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
Instructions		
Federal regulations require verification of employment and income of all members of any household applying to participate in the Program. The information will be used only to determine the eligibility status and level of benefit available to the Applicant household.		
Household Member Name		
<i>A separate form must be completed for each household member over the age of 18 who is verifying employment using pay stubs.</i>		
<b>Household Member Name:</b>		
Employment Information		
<b>Employer:</b>		
<b>Employer Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Employee Job Title:</b>		
<b>Employment Start Date:</b>	<b>Employment End Date (N/A if still employed):</b>	
<b>Pay Rate: \$</b>	<b>Hourly, Weekly, Monthly, or Yearly:</b>	
<b>Number of Hours Worked per Week:</b>	<b>Average Weeks Worked per Year:</b>	
<b>Hourly Overtime Pay Rate: \$</b>	<b>Average Overtime Hours Worked per Week:</b>	
<b>Vacation Pay Received Per Year: \$</b>		
<b>Additional Compensation per Month not Included in Salary (Commissions, Bonuses, Tips, etc.): \$</b>		
<b>Amount of Retirement Funds Accessible: \$</b>		
<b>Past 12 Months Base Pay: \$</b>	<b>Past 12 Months Overtime Pay: \$</b>	

### Verification

By my signature below, I verify that the information provided herein is true and correct. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in the Applicant household's ineligibility to participate in the Program.

**Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.**

### Signatures

Employer Supervisor Name:	Date:
Employer Supervisor Title:	
Employer Supervisor Signature:	
Household Member Printed Name:	Date:
Household Member Signature:	