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

Applicant Information		
Program: HAP - 24D	**Disaster:** Hurricane Beryl	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	**State:**	**ZIP Code:**

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
A separate form must be completed for each household member over the age of 18 who is verifying employment using pay stubs.
Household Member Name:;

Employment Information		
Employer:		
Employer Address:		
City:	**State:**	**ZIP Code:**
Employee Job Title:		
Employment Start Date:	**Employment End Date (N/A if still employed):**	
Pay Rate: $	**Hourly, Weekly, Monthly, or Yearly:**	
Number of Hours Worked per Week:	**Average Weeks Worked per Year:**	
Hourly Overtime Pay Rate: $	**Average Overtime Hours Worked per Week:**	
Vacation Pay Received Per Year: $		
Additional Compensation per Month not Included in Salary (Commissions, Bonuses, Tips, etc.): $		
Amount of Retirement Funds Accessible: $		
Past 12 Months Base Pay: $	**Past 12 Months Overtime Pay: $**	

Disclaimer: *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date federal laws, rules, and regulations, as applicable. The GLO assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal laws, rules, and regulations and the agency's standard review and update schedule.*

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: (Print and Sign)	
Household Member Printed Name:	**Date:**
Household Member Signature: (Print and Sign)	

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