



Verification of Employment

Federal regulations require verification of employment and income of all members of any household applying to participate in the Community Development Block Grant (CDBG) Disaster Recovery Program for Hurricane Ike. We ask your cooperation in supplying this information to the CDBG Administrator listed below. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.

CDBG Administrator: Houston-Galveston Area Council Contract Number:

Address: P O BOX 22777 (Attn: Ike Disaster Recovery Program) Houston, TX 77227

Phone: 877-442-2777 Fax: 713-993-2456 Email: jsmith@h-gac.com

Applicant (employee) Name: Social Security Number:

RELEASE: Applicant's signature below authorizes the release and verification of employment information.

Signature of Applicant (employee) Date

Employer Name:

Address: Phone: Fax: Email:

Employed since: Occupation:

Salary: Date of last pay increase:

Base pay rate: \$ per HOUR / WEEK / MONTH (circle one)

Average number of hours worked per week at base pay rate:

Number of weeks worked per year: Overtime pay rate: \$ per hour

Expected average number of hours overtime to be worked per week during the next 12 months:

Specify any other compensation not included above (commissions, bonuses, tips, etc.): For: \$ per

Is pay received for vacation? Yes No If Yes, number of days per year

Total base pay earnings for past 12 months: \$

Total overtime earnings for past 12 months: \$

Probability and expected date of any pay increase:

Does the employee have access to a retirement account? Yes No If Yes, what amount does he/she have access to? \$

Signature of Employer's Authorized Representative:

Title: Date: Phone:

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.