



**Employer Verification of Participant Employment  
Asset Control Area Program**

**TO THE EMPLOYER:**

The individual named below has represented to EHOP-Dallas, Inc. and the U.S. Department of Housing and Urban Development that he/she is employed by your agency in one of the capacities identified below. The information must be verified by your agency as a prerequisite to participation in the Asset Control Area Program. Please check the appropriate box provided below, sign and date where indicated and return the form to the following address: **EHOP-Dallas, Inc., 100 N. Central Expressway, 1299, Dallas, TX 75201**

**Agency's Certification of Employment**

I hereby certify that:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
is employed by the below-named agency and is: (check the appropriate box)

- An Law Enforcement Officer, who for the purposes of this program is defined as an individual who is (a) **employed full-time by**: (1) a Federal, state, county or municipal government; or (2) a public or private college or university; and (b) in carrying out such full-time employment, you are sworn to uphold, and make arrests for violations of, Federal, state, county, or municipal law.
- A Teacher, who for the purposes of this program is defined as an individual **employed full time** by a public school, private school, or Federal, State, County, or Municipal educational agency as a State – Certified classroom teacher or administrator in grades K through 12.
- A firefighter/emergency medical technician who, for the purposes of this program, is defined as an individual who is **employed full-time** as a firefighter or emergency medial technician by a fire department or emergency medial services responder unit of a federal, state, or general local government.

***To be completed by Agency - Human Resource Department:***

Print or type your name	
Print or type your title	
Agency Name	
Agency Address	
Telephone Number	
Employer Signature	

***Officer, Teacher, Firefighter, and EMT Certification:***

*To be completed and signed by employee*

This is to certify that I, \_\_\_\_\_, do not currently own any other residential real property and will, for at least one (1) year from the date of purchase, own and use the ACA property purchased from EHOP-Dallas, Inc., as my sole residence.

Employee Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_