

EMPLOYMENT VERIFICATION

This section is to be completed by management & executed by the resident / applicant

TO: _____
(Name & address of employer)

Date: _____

Re: _____
(Applicant/Resident Name)

Social Security Number: _____

Unit # (if assigned): _____

Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate form, attached to a copy of this consent.

Signature: _____

Date: _____

The individual named directly above is an applicant / resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Property Name
Address
City, State Zip
Phone & Fax Number

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed _____ Last Day of Employment _____

Is this a federally funded job or training program? Yes No If yes, under Title ____ of _____ Act

Current Wages/Salary: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ through ____/____/_____

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____;

Effective date: _____ If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the US 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. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

