

EMPLOYMENT VERIFICATION

To: _____ From: _____

RE: _____ Phone: _____
Unit #: _____ Email: _____
Last 4 digits of SS #: _____ Fax: _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR PROVIDER IS LEFT BLANK.

RELEASE: 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 which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

The household member named above has applied for or is recertifying eligibility for housing financed or assisted by the Federal or State Government. The housing owner is required to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to the project listed above will help to ensure timely processing of the assistance application.

Anticipated Gross Income for the Next 12 Months

Employment Start Date: _____ Employment End Date: _____

Hourly rate: \$ _____ No. Hours per Week: _____ No. weeks worked per year: _____

Overtime rate: \$ _____ No. Hours per Week: _____ Average OT per year: _____

Frequency of pay: Weekly Bi-weekly Semi-monthly Monthly

Does employee receive shift differentials? Yes No \$ _____ Per hour

Does employee receive bonuses? Yes No \$ _____ Per year

Does employee receive tips or commissions? Yes No \$ _____ Per week

Does the employee receive any other compensation? Yes No \$ _____ Per year

If yes, please specify type: _____

Is the employee expected to receive an increase in pay in the next 12 months? Yes No

If yes, date of increase: _____ Amount of increase: \$ _____

Does employee receive pay through Direct Deposit? Yes No

If yes, is Direct Deposit through a **Checking/Savings** account or **Prepaid Debit Card**

Total anticipated gross annual income for the next 12 months (including tips, commissions, bonuses, or overtime, if applicable.)
\$ _____.

Has employment been terminated? Yes No

Date of Termination: _____

If yes, is individual eligible for unemployment benefits? Yes No

Do you anticipate rehiring this person? Yes No

If yes, when? _____

Comments: _____

I certify that the above information is true and correct.

Employer Signature

Printed Name and Title

Telephone

Email Address

Date

PENALTIES FOR MISUSING THIS VERIFICATION

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, HUD and any owner (or any employee of HUD 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 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 ** 208 (a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8). **

Equal Housing Opportunity