



EQUAL HOUSING OPPORTUNITY

INCOME VERIFICATION EMPLOYMENT



HANDICAPPED ACCESSIBLE

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:
Fax #:

RE:
Applicant/Tenant Name
SSN:
Claim #:
Unit # (if assigned):

I hereby authorize release of the information requested below.

Signature of Applicant/Tenant
Date

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

Property Owner/Management Agent
Date:
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

Current Wages/Salary: \$
(check one) hourly weekly bi-weekly semi-monthly monthly yearly other

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

Overtime Rate: \$
(check one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of overtime hours per week:
Year-to-date OVERTIME earnings: \$ through / /

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

Commissions, bonuses, tips, other: \$
(check 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:

Total Number of Weeks worked per Year:

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

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, the PHA and any owner (or an 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 willingly 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). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.