

Employment Verification

To:	Name			From:	Name				
	Address				Address				
					-				
					-				
	Phone				Phone				
	Fax				Fax				
Re:	Name				Address				
	SSN				-				
					-				
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 that 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.									
Applicant/Resident					Dat	ie			
You do not	/ou do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.								

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

The Following Section To Be Completed By Employer:

Employee Name:							
Presently employed:		□ No. Last day of employment: _					
Is employee eligible for unemployment compensation?	🗆 Yes 🗆 No 🏼 If	fyes, how long?	How much?				
Current Wages/Salary: \$ per: h	our week bi-weekly month year	other (o	circle one) Date present rate effect:				
Average # of regular hours per week:	Total anticipated earning	s for the next 12 calendar months	:\$				
Overtime rate: \$ per hour Average # of ove	rtime hours per week:	Total anticipated overtime earn	ngs for the next 12 calendar months: \$				
Commissions, bonuses, tips, other: \$	per: hour week bi-weekly mor	nth year	_other (circle one)				
Prior year total earnings including overtime, commission	ns, bonuses, tips and other: \$						
List any anticipated change in the employee's rate of pay within the next 12 months: Date effective:							
Does the employee have access to any portion of his/h	er pension or retirement plan account?	🗆 Yes 🗆 No					
If yes, indicate the amount that may be withdrawn with	out retiring or terminating employment:	\$					
Deductions for medical benefits: \$							
Name / Title of Person Supplying Information		Firm / Organization					
Signature		Date					
Phone #	Fax #	Email Address					
the PHA or the owner) may be subject to penalties for unauthorized disclosures of or willfully requests, obtains or discloses any information under false pretenses co	improper uses of information collected based on the consent ncerning an applicant or participant may be subject to a miso	form. Use of the information collected based on thi lemeanor and fined not more than \$5,000. Any app	of the United States Government, HUD, the PHA and any owner (or any employee of HUD, s verification form is restricted to the purposes cited above. Any person who knowingly licant or participant affected by negligent disclosure of information may bring civil action sions 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.