## **Employment Verification**



Го:	N			From:	Name			
	Name:				Name:			
	Address:				Address:			
	Phone:		Fax:		Phone:	F	Fax:	
RE:	Name:	Address:						
	SSN:							
	SSIN.							
			he requested information. In					
	here are circumsta copy of this cons	-	the owner to verify informati	on that is up to 5	years old, which v	vould be authorized by me	on a separa	te consent attached t
A	Applicant / Resident				Date			
Т	You 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 Urba 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							
h	ousing 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							
ar had	etermining the family's eligibility for the program and <b>will be kept in strict confidence.</b> We are required to complete our verification process in a short time perion 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 Nam	ne:		J	ob Title			
	Presently Employed: Yes, Date Employed No, Last Day of Employment							
	s employee eligible for unemployment compensation?							
	Current Wages/Salary: \$ per: hour week bi-week month year other (circle one)							
	Date present rate effective:							
	Average # of regular hours per week: Total anticipated earnings for the n					the next 12 calendar n	nonths	\$
	Overtime Rate: \$ per hour Average # of overtime hours per week:							
	Total anticipated overtime earnings for the next 12 calendar months: \$							
	Commissions, bonuses, tips, other: \$ per: hour week bi-week month year other (circle one)							
	Prior year total earnings including overtime, commissions, bonuses, tips and other: \$							
Ι	List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date							
Γ	Does the employee have access to any portion of his/her pension or retirement plan account? Yes No							
I	f yes, indicate	the amount that ma	y be withdrawn without	t retiring or ter	minating empl	loyment: \$		
	-	medical benefits:		_				
<u> </u>	Name / Title of I	Person Supplying Info	rmation		Firm / Organ	ization		
_	Signature				Date			
	71511ata1C				Dall			
F	Phone #		Fax #			E-mail		

Penalties for misusing this content: 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 use 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 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.408 (a), (6), (7) and (8).

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