EMPLOYMENT VERIFICATION

TO: (Name & Address of Employer)

_____

_____

_____

RE:

_____
Applicant/Tenant Name

_____ _____
Social Security Number: Unit Number (if assigned)

FROM: (Name & Address of Owner/Management Agent)

_____

_____

_____

Thank you for your prompt response. All information is confidential.
Please contact _____
at ( ) _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

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 of Applicant/Tenant Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

*Employer, please fill in **all** blanks. Enter N/A if an item is not applicable to the above employee.*

Employee Name: _____ Job Title: _____

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

Current gross wages/salary: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

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

Is the employee's work seasonal or sporadic? Yes ____ No ___ If yes, indicate the average number of weeks in the layoff period(s): _____

Does this employee have a 401(k), 403(b), or other retirement account? Yes ____ No ___ If yes, can the employee withdraw the funds in this account? Yes ____ No ___ What is the appropriate agency/contact information to verify retirement account information? _____

_____

Additional remarks: _____

Signature: _____ Date: _____
Print Your Name: _____ Tel. #: _____
Title: _____ Email: _____
Company Name: _____
Address: _____
_____
_____

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 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 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).