

## EMPLOYMENT VERIFICATION

<b>To:</b> _____ Employer's Information _____ Company Name: _____ Address: _____ _____	<b>From:</b> _____ Owner/Management Agent: _____ Email: _____ Phone: _____ Address: _____ _____
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**Re:** \_\_\_\_\_  
 Applicant/Tenant Name

AUTHORIZATION	
<b>Name:</b> _____ <b>SSN:</b> _____ <i>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. The applicant/tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.</i>	
<b>Signature:</b> _____ <b>Date:</b> _____	
THIS SECTION TO BE COMPLETED BY EMPLOYER	
<b>*Employer must fill <u>all</u> blanks. Enter N/A if an item is not applicable to the above employee.*</b>	
Employment begin date: _____	Last day of employment: _____
Current gross wages/salary: \$ _____ (Check one)    hourly    weekly    bi-weekly    semi-monthly    monthly    yearly other _____	
Job title: _____	Overtime rate per hour: \$ _____
Number of hours worked per week: _____	Average # of overtime per week (not regular hours): _____
Shift differential rate per hour: \$ _____	Average # of shift differential hours per week (not regular hours): _____
Commission, bonuses, tips, other: \$ _____ (check one)    hourly    weekly    bi-weekly    semi-monthly    monthly    yearly    other _____	
Complete only if above wage data is unavailable: Year-to-date earnings: \$ _____ From ____/____/____ through ____/____/____	
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 ____ If yes, with penalties? Yes ____ No ____ What is the appropriate agency/contact information to verify retirement account information? _____	
Additional remarks: _____	
Signature: _____	Date: _____
Print Your Name: _____	Phone #: _____
Title: _____	Email: _____

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).

We do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in our federally assisted programs and activities.



Equal Opportunity Employer & Provider



Revised May 2023