

Employment Verification

This form may be emailed, faxed or mailed, **but not hand carried**. Forms returned by mail must include the envelope.

Property Name _____	Phone _____	Fax* _____
Employer Name _____	Phone _____	Fax* _____
Attention: _____		*Fax or Email address
Employer Address _____		

Authorization to Release Information

I authorize the above-mentioned employer to release all information requested below regarding my employment status and compensation.

Applicant/Resident Printed Name	Applicant/Resident Signature	Date	Last four of social
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The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program or other Federal program, which requires income verification. In order to determine eligibility for housing, this form must be completed by an authorized representative of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number listed above. Thank you,

Printed Name of Management Representative	Signature	Date
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Please complete this from in its entirety. If a section does not apply please list "No" or "0":

1. Position/ Title _____
2. Date of Hire _____ Or Expected Start date _____
3. Gross pay before deductions: (Please select hourly rate or annual rate of pay)

Hourly	\$ _____	X	_____	Annually	\$ _____
	<small>Rate</small>		<small>Ave wkly hrs</small>		<small>Base Pay</small>
4. Is employee compensated for overtime: (Approximate or best guess hours going **forward**. You may use previous year as a guide)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Average OT hours worked/week _____ @ overtime rate _____
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5. Please list year to date income (before taxes & deductions) \$ _____ As of: _____
Pay Period Ending Date _____

Please answer each question below for anticipated earnings. Does this employee receive:

6. Commissions? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
7. Bonuses? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
8. Tips? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
9. Other Pay? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
10. Do you anticipate a pay increase for this employee in the next 12 months? Yes No
If yes, amount of \$ _____ Per: HR / Wk / Mo / YR
Increase Effective Date: _____

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. I have read and understood the penalty warning at the bottom of this form.

Signature of the Employer or Authorized Representative	Printed Name of Employer/Representative	Date
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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. ** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



CLARIFICATION OF EMPLOYMENT VERIFICATION

This section for management only

- Check box which applies No clarification **Skip to section B** Clarification required, *complete section A*
All sections of the employment verification (EV) form are complete and have been verified with the contact above, and no additional clarification is needed
Unanswered or unclear questions on employment verification were clarified with contact above, in addition to verbally verifying all information completed on EV. **Only questions needing clarification should be answered below**

Section A – Clarification Record

NOTE: The hourly rate or annual income information is required on the EV form and should not be clarified. If the hourly rate and average hours are incomplete or blank on the EV, it is recommended that you re-submit the verification form for the employer to complete these sections or use an alternate income verification method.

Oral Clarifications may never contradict written verification. HUD Handbook 4350.3 guidance on income verification.

- Position/ Title _____
- Date of Hire _____ Or Expected Start date _____
- Gross pay before deductions: (Please select hourly rate or annual rate of pay)
Hourly \$ _____ X _____ Annually \$ _____
Rate Ave wkly hrs Base Pay
- Is employee compensated for overtime: (Approximate or best guess hours going **forward**. You may use previous year as a guide)
 Yes No If yes, Average OT hours worked/week _____ @ overtime rate _____
- Please list year to date income (before taxes and deductions) \$ _____ As of: _____
- Commissions? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
- Bonuses? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
- Tips? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
- Other Pay? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
- Do you anticipate a pay increase for this employee in the next 12 months? Yes No
If yes, amount of increase: \$ _____ Per: HR / Wk / Mo / YR
- Other Remarks re: income: _____

Section B – Calculator tapes

Section C – Management Certification

I attest I have confirmed all information on EV to be correct and when necessary have clarified missing or unclear information.

Signature of the Management Representative

Printed Name of Management Representative

Date

