

Verification of Employment Income or No Longer Employed

TO: _____ DATE: _____

_____ FAX NUMBER: _____

Resident/Applicant Name: _____ CLIENT # : _____

Social Security Number: _____

To Whom It May Concern:

The person named above is a resident/applicant for housing assistance under a program of the Department of Housing and Urban Development (HUD). We are required to verify all Information that is used to determine this person's eligibility and/or level of benefits.

In order to complete this process we ask your cooperation in providing the information requested below and returning it to us via facsimile or in the enclosed self-addressed, stamped envelope. Thank you for your prompt attention to this matter. If you have any questions, please contact us at 864-598-6090.

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 management 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 document.

Resident / Applicant Signature

Date signed

INFORMATION REQUESTED: Verification of amount and type of household income.

1. Is person named above currently employed by your firm? ___ **YES** ___ **NO**
2. Date employment began: _____.
3. Position held: _____ 4. Current rate of pay per hour: \$ _____
5. Effective date of current rate of pay: _____
6. Regularly scheduled hours per week: _____ 7. Average overtime hours per week: _____
8. Overtime rate per hour \$ _____ 9. Amount of bonuses, commissions, tips, etc. \$ _____.
10. Date of next anticipated rate increase (if applicable): _____ 11. Amount of projected rate increase: \$ _____
12. Is any portion of income derived from Title V Older American Community Services Program? ___ **YES** ___ **NO**
13. Amount, if any \$ _____. 14. Is employment associated with any other community training program which has referred the employee to your site for training purposes? ___ **YES** ___ **NO**

15. Does income include Earned Income Tax Credit Refund Advance? ___YES ___NO 16. Amount, if any \$_____. 17. Amount deducted from gross income for Medical Insurance Premiums (if applicable): \$_____. 18. Anticipated duration of present situation: _____

19. If not currently employed, what date did employment stop? _____ 20. Was employee terminated or did he/she quit their job? _____ 21. Is former employee eligible for Unemployment Benefits and/or Severance Pay? _____ 22. If so, amount? _____

23. Comments: _____

Signature of Person Supplying Information

Firm or Organization

Title of Person Signing

Telephone Number

Date Signed

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA and any Owner (or employee of HUD, the PHA 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 \$5000. 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, the PHA 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 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).

EQUAL HOUSING OPPORTUNITY