

EMPLOYMENT VERIFICATION

Property Name: _____ Phone: _____ Fax: _____

Send To:

Company Name: _____ Attention: _____

Address: _____ Phone: _____ Fax: _____

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

Resident Applicant Printed Name	Resident/Applicant Signature	Last 4 digits of Soc. Sec.	Date
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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 of Management Representative	Date
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Please complete this form in its entirety. If a section does not apply please list "No" or "0":

1. Position/Title: _____

2. Presently Employed: ☐ Yes Date of Hire: _____ ☐ No Expected Date of Employment: _____

3. Gross Pay Before Deductions: (Please only select one: Hourly **or** Annualized Income):

☐ Hourly \$ _____ x _____ **or** ☐ Annually \$ _____
(rate) (average weekly hours) (Base Pay Only)

4. Is the Employee Compensated for Overtime: (List approximate or best guess hours going forward. You may use previous year as a guide)

☐ No ☐ Yes Average OT Hours Worked Per Week _____ Overtime Pay Rate \$ _____

5. Please list year to date gross earnings (before taxes and deductions): \$ _____ as of _____ (pay period ending)

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

6. Commissions? ☐ Yes ☐ No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

7. Bonuses? ☐ Yes ☐ No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

8. Tips? ☐ Yes ☐ No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

9. Other Pay? ☐ Yes ☐ No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

10. Do you anticipate a pay increase for your employee within the upcoming 12 months?

☐ No ☐ Yes Amount of Increase \$ _____ per Hr / Wk / Mo / Yr Date Anticipated _____
(circle one)

11. Other Remarks: _____

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	Print Name of the Employer or Authorized Representative	Date Completed
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Title: _____ Phone Number: _____ Email: _____

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 is for Management use only.

Applicant/Resident Name: _____ Verified On: _____ (List Date and Time)

Contact Name _____ Position _____

Company _____ Phone # (____) _____

Check box that applies

☐ No Additional Clarification needed – all sections of the employment verification (EV) form are complete and have been verified with the contact above, and no additional clarification is needed. Skip to bottom of page and sign and date.

☐ All 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.

NOTE: The hourly rate or annual income information is required on the EV form and cannot 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

Clarification Given by Above-Mentioned Contact:

1. Position/Title: _____

2. Presently Employed: ☐ Yes Date of Hire: _____ ☐ No Expected Date _____

3. Is the employee compensated for overtime? ☐ Yes ☐ No

Average OT hours worked per week: _____ Hourly overtime Rate: \$ _____

4. YTD gross earnings: _____ as of _____ (pay period ending)

Does the employee receive:

5. Commissions? ☐ Yes ☐ No If yes, amount \$ _____ per (circle one) wk / mo / yr

6. Bonuses? ☐ Yes ☐ No If yes, amount \$ _____ per (circle one) wk / mo / yr

7. Tips? ☐ Yes ☐ No If yes, amount \$ _____ per (circle one) wk / mo / yr

8. Other Pay? ☐ Yes ☐ No If yes, amount \$ _____ per (circle one) wk / mo / yr

9. Do you anticipate a pay increase in the upcoming 12 months?

☐ No

☐ Yes Amount of Increase \$ _____ per hr / wk / mo / yr Date Anticipated _____
(circle one)

10. Other remarks or clarification regarding employee's income:

**Attach Calculator
Tapes Here**

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

Print Name

Date

Signature

Title

Page 1 of this form may be faxed, emailed, or mailed. **This form should not be hand carried.** Forms returned via mail must be accompanied by the postmarked envelope. The Owner/Manager is responsible for exercising due diligence when collecting income information.