

EMPLOYMENT INCOME VERIFICATION

(03/20)

To		Date
Re: Applicant/Tenant Name	Social Security Number	Unit if assigned

The individual listed above is an applicant or tenant of housing under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the owner to verify all information that is used in determining eligibility. We ask your cooperation in providing the following information and returning it as soon as possible. Your prompt return of this information will help to assure timely processing of the application or recertification for assistance.

Project Owner/Management Agent
Return Form To

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 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).

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 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 or tenant does not have to sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.** This consent form is valid for 15 months from the date it is signed.

Signature of Applicant/Tenant	Date
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THIS SECTION TO BE COMPLETED BY EMPLOYER

Please complete all relevant questions and review employee income records to minimize discrepancies.

Employee Name		Job Title	
Presently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date First Employed	Last Date of Employment	
If No Longer Employed, Gross Earnings			
Gross Salary per		Hourly Rate Average Number of Hours per	
Overtime Rate Per Hour	Average Number of Overtime Hours Per Week		
Shift Differential Rate Per Hour	Average Number of Shift Differential Hours Per Week		
Commissions, bonuses, tips other per			
If employment is seasonal or sporadic please provide further information			

Agency	Telephone Number	Fax Number
Name and Title	Signature	Date