



EMPLOYMENT VERIFICATION

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

Property Name _____

Property Phone Number _____ Property Fax Number _____

Employer _____

Employer Contact Name _____

Employer Address _____

Employer Phone Number _____ Employer Fax Number _____

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

Last Four of SSN

Applicant/Resident Signature

Date

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 HUD programs or other Federal program, which requires income verification. 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.

Printed Name of Management Representative

Signature of Management Representative

Date





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 \$ _____
Rate Avg Weekly Hours Base Pay

4. Is employee compensated overtime? Approximate or best guess hours going forward. You may use previous years as a guide.

Yes _____ No _____

If yes, Average overtime hours worked/week at over time rate: _____

5. Please list Year-to-Date income (before taxes & deductions) \$ _____
Pay Period Ending Date

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

6. Commissions? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

7. Bonuses? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

8. Tips? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

9. Other Pay? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____





10. Do you anticipate a pay increase for this employee in the next 12 months?

Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

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.

Printed Name of Employer/Representative

Signature of the Employer or Authorized Representative

Date

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).**





EV Effective 12.01.2017
CLARIFICATION OF EMPLOYMENT VERIFICATION
This section for management only

Select which option applies

_____ **No clarification. Skip to Section B.** All sections of the employment verification (EV) form are complete and have been verified with the contact above, and no additional clarification is needed.

_____ **Clarification required. Complete Section A.** 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 clarifications 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.

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 \$ _____
Rate Avg weekly hours Base Pay

4. Is employee compensated for overtime (Approximate or best guess hours going forward. You may use previous year as a guide. Yes _____ No _____

If yes, OT hours worked per week _____ @ overtime rate \$ _____



5. Please list year-to-date income (before taxes and deductions)

6. Commissions? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

7. Bonuses? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

8. Tips? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

9. Other Pay? Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

10. Do you anticipate a pay increase for this employee in the next 12 months?

Yes _____ No _____

If yes, amount per week/month/year/other \$ _____

11. Other Remarks _____

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.

Printed Name of Management Representative

Signature of the Management Representative

Date