



EMPLOYMENT VERIFICATION

To:

[Empty box for recipient name]

From:

Staunton Redevelopment & Hsg Authority
900 Elizabeth Miller Gardens Drive
Staunton, VA 24401

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name:

Social Security Number:

Address:

This person has applied for housing assistance under a program of the US. Department of Housing and Urban Property (HUD) or currently lives at a property with housing assistance. HUD requires our agency to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the property's rental office at the address indicated above. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below and via the attached HUD Form 9887A.

Sincerely,

Property Manager

In lieu of completing this form, representatives can also provide a copy of the payroll report for the past 12 months for the employee. This is preferred, especially in situations where income fluctuates from pay period to pay period.

INFORMATION BEING REQUESTED

1. Employment Start Date: _____ 2. End Date (if applicable): _____

3. Rate of Pay: \$ _____ Per [] hour [] day [] week [] bi-weekly

4. Number of Hours Per Day: _____ 5. Number of Hours Per Week: _____

6. Overtime Hours/Week: _____ Overtime Rate: _____ 7. Shift Differential Rate: \$ _____

8. Do you anticipate any rate increase in the next 12 months? [] Yes [] No
If yes, what is the effective date and the amount of the increase?

Date: _____ Amount: \$ _____

9. Does the employee receive any other income (tips, meals, etc.)? Yes No

If yes, please list the amount, source and frequency?

Source: _____

Amount: \$ _____ Frequency: day week month

10. Does the employee participate in a 401k Retirement Account? Yes No

If yes, can he/she access the account? Yes No

If yes, what amount of the 401K is accessible to the employee without terminating employment or retiring?

\$ _____

11. If the work is seasonal or sporadic, please indicate the layoff period: _____

PERSON SUPPLYING INFORMATION:

Name and Title: _____

Telephone Number and Fax Number: _____

Company: _____ **Email:** _____

Signature: _____ **Date:** _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE OF INFORMATION

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 which 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.

Signature: _____ **Date:** _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the US. 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 any 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 willfully 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, the PHA or the owner responsible for unauthorized disclosure or improper use.

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

