



## EMPLOYMENT VERIFICATION

To:

From:

Staunton Redevelopment and Housing Authority  
900 Elizabeth Miller Gardens  
Staunton, VA 24401  
540-886-3413

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

**Name:** \_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

This person has applied for or currently receives housing assistance under a program of the U.S. Department of Housing and Urban Development. HUD requires our agency to verify all information that is used in determining this person's eligibility. We ask your cooperation in providing the following information and returning it to the Housing Authority. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

***In lieu of completing this form, representatives may also provide a copy of the payroll report for the past 12 months for the employee. This is preferred in situations where income fluctuates between pay periods.***

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### RELEASE OF INFORMATION

I hereby authorize my current or former employer to release the information asked below regarding my employment. I understand that information obtained under this consent will be used to evaluate my income, and may alter or determine the amount of assistance I receive. This release will be valid for one year from the date signed, at which time a new release of information is required if more information is necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### 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
9. If yes, what is the effective date and the amount of the increase?  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



10. 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
11. Does the employee participate in a 401k Retirement Account? ☐ Yes ☐ No  
If yes, can they access the account? ☐ Yes ☐ No  
If yes, what amount of the 401K is accessible to the employee without terminating employment or retiring?  
\$ \_\_\_\_\_
12. If the work is seasonal or sporadic, please indicate the layoff period: \_\_\_\_\_

#### ADDITIONAL INFORMATION

If you have any additional information that you wish to provide, use the following lines to do so. You may also attach any relevant documents or additional sheets if needed.

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#### 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.

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#### 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.*

