

VERIFICATION OF EMPLOYMENT/LOSS OF EMPLOYEMNT

| Employee Name: | | |
|----------------|------|--|
| Address: | | |
| Phone: | | |
| | | |
| | | |
| Employer Name: | | |
| Address: | | |
| Phone: | | |
| | | |

TO BE COMPLETED BY THE EMPLOYER

Date:

| Hire Date: | | | |
|---|--|--|--|
| Job Title: | | | |
| Rate of Pay: \$Per hour | | | |
| Average number of hours worked per week: Hours per week | | | |
| Average number of overtime hours worked per week | | | |
| Average tip or commission (if applicable):\$ per hour week 2 weeks month year | | | |
| Is employee on a leave of absence: Yes NoOn leave since: | | | |
| Is this leave of absence paid? Yes No | | | |
| If employment has been separated/terminated, indicate the effective date: | | | |
| Signature: | | | |
| Title: | | | |
| Phone Number: | | | |
| Fax Number: | | | |

Warning: 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, 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 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).