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| **Employment Verification** |
| This form may be emailed, faxed or mailed**, but not hand carried.** Forms returned by mail must include the envelope. |
| **Property Name**  | **Phone**  | **Fax\***  |
| **Employer Name**  | **Phone**  | **Fax\***  |
| **Attention:**  | \*Fax or Email address |
| **Employer Address**  |  |

***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* |  | *Applicant/Resident Signature* |  | *Date* |  | *Last four of social* |

**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 the IRS Section 42 program or other Federal program, which requires income verification. In order 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. Thank you,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Printed Name of Management Representative |  | *Signature* |  | *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* | *Ave wkly hrs* |  |  | *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, Average OT hours worked/week |  *@ overtime rate*  |
| 5. Please list year to date income (before taxes & deductions) |  $  | As of:  |

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

Pay Period Ending Date

1. Commissions?
2. Bonuses?
3. Tips?
4. Other Pay?

Yes Yes Yes Yes

No If yes, anticipated amt $ Per: Wk/Mo/Yr or other No If yes, anticipated amt $ Per: Wk/Mo/Yr or other No If yes, anticipated amt $ Per: Wk/Mo/Yr or other No If yes, anticipated amt $ Per: Wk/Mo/Yr or other

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

If yes, amount of increase: $

Yes No

Per: HR / Wk / Mo / YR

1. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of the Employer or Authorized Representative |  | *Printed Name of Employer/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).\*\*



DCA EV Effective 5.1.16

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| **CLARIFICATION OF EMPLOYMENT VERIFICATION** |
| **This section for management only** |
| **Check box which applies** | No clarification **Skip to section B** | Clarification required, *complete section A* |
|  | All sections of the employment verification(EV) form are complete and have been verified with the contact above, and noadditional clarification is needed | Unanswered or unclear questions on employment verificationwere clarified with contact above, in addition to verbally verifying all information completed on EV. **Only questions needing****clarification 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* | *Ave wkly hrs* |  |  | *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, Average OT hours worked/week | *@ overtime rate* |
| 5. Please list year to date income (before taxes and deductions) |  $  | As of:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6. Commissions? | Yes | No | If yes, anticipated amt |  $  | Per: Wk/Mo/Yr or other |
| 7. Bonuses? | Yes | No | If yes, anticipated amt | $ | Per: Wk/Mo/Yr or other |
| 8. Tips? | Yes | No | If yes, anticipated amt |  $  | Per: Wk/Mo/Yr or other |
| 9. Other Pay? | Yes | No | If yes, anticipated amt | $ | Per: Wk/Mo/Yr or other |
| 10. Do you anticipate a pay increase for this employee in the next 12 months? | Yes | No |
| If yes, amount of increase: |  $  |  |  |  | Per: HR / Wk / Mo / YR |
| 11. Other Remarks re: income:  |  |  |  |  |

# 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of the Management Representative |  | *Printed Name of Management Representative* |  | *Date* |

