

**EMPLOYMENT VERIFICATION**

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this individual's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the company or individual listed at the end of this verification. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Property Requesting Verification : **Vermillion Housing Authority**

Employer : \_\_\_\_\_

Employer Address : \_\_\_\_\_

*RELEASE: 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 that 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.*

Printed Name of Applicant/Tenant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_  
*(You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)*

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

The applicant/tenant listed above has stated that he/she is employed by your firm. Authorization has been given to furnish information regarding his/her employment. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for housing assistance.

Presently Employed:  Yes  No Date Employed \_\_\_\_\_ Date Terminated \_\_\_\_\_ Occupation \_\_\_\_\_  
Unemployment Benefits?  Yes  No  
If terminated, do you expect individual to be rehired?  Yes  No If yes, when \_\_\_\_\_

Gross Base Pay: (enter an amount for a specified period of pay)  
\$ \_\_\_\_\_ Annually  
\$ \_\_\_\_\_ Hourly @ \_\_\_\_\_ average hours work per week  
\$ \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date present rate effective \_\_\_\_\_  
Date of expected change in pay rate or hours \_\_\_\_\_ Change to \_\_\_\_\_

Overtime Pay Rate:  
Rate \$ \_\_\_\_\_ per hour Overtime hours expected \_\_\_\_\_ per week

Other Compensation: (commissions, bonuses, incentive pay, tips, etc.)  
For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

If seasonal or sporadic employment, give lay-off periods \_\_\_\_\_

*I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.*

Printed Name of Employer or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature of Employer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Firm/Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

Please return this completed verification form to: