



THIS SECTION TO BE COMPLETED BY APPLICANT

Employer Contact Name: _____ Applicant Full Name: _____
Address: _____ Applicant Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone/Fax: _____ SSN: _____ App. #: _____

We are required to verify the income of all members of families applying for admission as residents to the affordable housing program that we operate and to re-determine periodically the income of resident families. To comply with this requirement we ask your cooperation in supplying information regarding the income of the person listed above. This information will be used only in determining the eligibility status and rent of the family and will remain confidential to that stated purpose only.

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.

Applicant/Tenant Signature Date

Project Owner/Owner's Agent Signature Date

THIS SECTION TO BE COMPLETED BY THE EMPLOYER LISTED ABOVE

Please answer all questions fully leaving no blanks and provide an employee pay history report when returning this completed form.

Employee: _____ Job Title: _____

Presently Employed: Yes If Yes, Date first employed: _____ No If No, Last Date of Employment: _____

SALARY: BASE PAY RATE - Is Employee's Work Seasonal or Sporadic? Yes No Explain: _____

Current Wages/Salary \$ _____ Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly Other: _____

Effective Date of Current Wages: _____ Payment Method: Cash Check Direct Deposit Other: _____

Avg # HRs/Week-Base Pay: _____ Weeks. Gross Year-to-Date Earnings: \$ _____ from: _____ to: _____

OVERTIME PAY RATE: Rate \$ _____ /HR Avg HR/WK: _____ YTD Earnings: _____ from: _____ to: _____

SHIFT DIFFERENTIAL: Rate \$ _____ /HR Avg HR/WK: _____ YTD Earnings: _____ from: _____ to: _____

OTHER COMPENSATION (Commissions, Bonuses, Tips or Other, Please List)

Type: _____ Rate: _____ Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly Other: _____

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List the most recent change in the employee's rate of pay: \$ _____ % _____ Effective Date: _____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ Effective Date: _____

Is employee eligible for unemployment during the layoff? Yes No Does employee participate in a retirement plan (i.e. 401K)? Yes No

Employer's Signature Print Name Date

Employer's Name and Address

Phone Number Fax Number Email

WARNING, PENALTIES FOR MISUSING THIS CONSENT: 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. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)." Form VA5.1 - Revised 07/2015