

DAVIS COMMUNITY HOUSING AUTHORITY

352 S 200 W STE 1 / PO BOX 328 / Farmington UT 84025
Telephone: (801) 451-2587 / TDD: 711 / FAX: (801) 451-6484



Web address: www.daviscommunityhousing.com

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____ Date: _____
Name of Employer

Address: _____ Fax: _____

RE: _____
Applicant/Tenant Name Social Security Number

- *I hereby authorize 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 up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.*
- ◆ The applicant/tenant does not have to sign the consent if it is not clear who will provide the information or who will receive the information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated person only. Your prompt response is crucial and greatly appreciated.

THIS SECTION TO BE COMPLETED BY EMPLOYER (PLEASE FILL IN EVERY BLANK)

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date first employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year- to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ Avg. # overtime hrs per wk: _____ Shift Differential: \$ _____ per hr Avg differential hrs per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months _____; Effective date: _____

List any change in the employee's rate within the LAST 12 months: _____; Effective date: _____

Does the employee have a retirement plan? YES or NO If yes, does employee have access to the retirement plan? YES or NO

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is this employment considered work study or a qualified training program? Yes or No, if yes, explain: _____

Comments: _____

Employer's Signature

Employer's Printed Name

Date

Phone #

Fax #

E-mail

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 use 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) Revised 11/2016