

EMPLOYMENT VERIFICATION

Date: 08/14/2023

To: LLPS, INC
5859 W Saginaw Hwy Ste 343

Lansing, MI 48917-2460
Fax:
Email: michaelb@llpsinc.com

From: Denise France
Property Manager
2010 W Holmes Rd

Lansing, MI 48910-0374
(517) 816-6170

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name: Michael Bartlett

SSN: xxx-xx-6924
2010 W Holmes Rd

Address: Lansing, MI 48910-0374

This person 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 person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

1. Employed since _____ Occupation _____ Salary \$ _____

2. GROSS BASE PAY RATE (check one)

Per hour _____ Per Week _____ Per Month _____

Date present rate effective _____

Average Hours per Week at Base Pay Rate: Weeks _____ Or Months _____ Worked per year

3.. OVERTIME PAY RATE: Per hour: \$ _____

Expected average number of hours to be worked per week during next twelve months: _____

4. OTHER COMPENSATION NOT INCLUDED ABOVE (Specify for commissions, bonuses, tips, etc.)

FOR _____ \$ _____ Per _____

5. Total Anticipated Base Pay Earnings for the Next 12 calendar months: \$ _____

Total Anticipated Overtime Earnings for the Next 12 calendar months: \$ _____

6. Medical Insurance Premium Deducted: \$ _____

7. Has Employment been terminated? Yes No

If Yes, Is Individual Eligible for Unemployment Benefits? _____



EMPLOYMENT VERIFICATION

Information provided by:

Print Name and Title of Person Supplying the Information

Firm / Organization

Signature

Date

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.

SIGNATURE

DATE

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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). ** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8). **

Independence Square does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

