

## EMPLOYMENT VERIFICATION

Date: 9/14/11

To: Labor Law Poster Service  
 Ph-1-877-321-4414  
 Fax-1-888-442-4144

From: Elmwood Park  
 1030 Woodale Lane  
 Lansing, MI 48917  
 Fax-517-321-7084

Phone: 517-321-5146

IMPORTANT NOTE:

A PLEASE RETURN THIS FORM TO  
THE ADDRESS LISTED ABOVE.

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

Name: Jazmine Lewis  
 SSN: 385-08-3840  
 Address: 1046 Mapletree #10  
 Lansing, MI 48917

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/right of this 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/ resident has consented to this release of information as shown at the end of this form.

## INFORMATION BEING REQUESTED

Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_ Salary \$ \_\_\_\_\_

## GROSS BASE PAY

RATE: (check only one)  Per Hour \$ \_\_\_\_\_  Per Week \$ \_\_\_\_\_  Per Month \$ \_\_\_\_\_

Date present rate effective \_\_\_\_\_ Average Hours per Week at Base Pay Rate: \_\_\_\_\_

Number of Weeks \_\_\_\_\_ Or Number of Months \_\_\_\_\_ worked per year.

OVERTIME PAY RATE: Per Hour \$ \_\_\_\_\_ Expected average number of overtime hours to be worked per week during the next 12 months: \_\_\_\_\_

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

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ How Often? \_\_\_\_\_

Total Anticipated Base Pay Earnings for the Next 12 calendar months: \$ \_\_\_\_\_

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

Medical Insurance Premium Deducted: \$ \_\_\_\_\_



## EMPLOYMENT VERIFICATION

Has Employment been Terminated?  Yes  No If Yes, what was the last date worked? \_\_\_\_\_  
 If Yes, is individual eligible for Unemployment Benefits?  Yes  No

Provide your Company's Federal ID Number or Employer's Social Security Number if you do not have a Federal ID Number. \_\_\_\_\_

Name & Title of Person Completing This Form (Please Print)

Date

Signature of Person Completing This Form

Phone Number

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**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 which 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 of Resident

Date

9-14-11

### 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 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), (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8)\*\*

**This Property** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Roxanne Bradley  
 Compliance Director  
 c/o First Housing Corporation  
 4275 Five Oaks Drive  
 Lansing, MI 48911  
 Phone: 517-887-4200  
 TTY: 800-649-3777

