

EMPLOYMENT VERIFICATION

Macon Housing Authority 2015 Felton Ave. PO Box 4928 Macon, GA 31208 Fax: (478) 752-5188

Date: _____ **Employee Name:** _____
Employer Name: _____ Social Security Number: _____
Address: _____ Phone: _____ **Section 8**
_____ **Head of Household:** _____ **Public Housing**
Attention: _____ Fax: _____

I authorize the above-mentioned employer to release all information requested below regarding my employment status and compensation.

Employee Signature Date

The above referenced individual has made application for residency at or through Macon Housing Authority. The individual lists your company as the current or anticipated employer. For the applicant to be eligible to apply for housing, this form must be completed by an authorized associate of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. **Please complete this form in its entirety, and return to Macon Housing Authority at the address listed above, or fax to the number listed below.** If you have any questions, please feel free to contact us at the number listed below. Thank you,

Management Representative Phone # (478) 752-5188
Fax #

Please complete this form in its entirety. **If questions one through four are incomplete or require clarification, this verification may not be used.** If a section does not apply please show "No" or "0":

1. Position/Title: _____ 2. W-2 employee Yes No (not eligible to use form – tax return required)
3. Presently Employed: Yes Date of Hire: _____ No Expected Date of Employment: _____
4. Gross Pay Before Deductions: (Please only select one: Hourly or Annualized Income):
 Hourly \$ _____ x _____ **or** Annually \$ _____
(rate) (average weekly hours) (Base Pay Only)

5. Is the Employee Compensated for Overtime: (List approximate or best guess hours going forward. You may use previous year as a guide)
 No Yes Average OT Hours Worked Per Week _____ Overtime Pay Rate \$ _____

6. Please list year to date gross earnings (before taxes and deductions): \$ _____ * as of _____ (pay period ending)
*Please do not include any income from previous year

Please answer each question below for anticipated earnings. Each question must be completed. Does this employee receive:

7. Commissions? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr/ other _____ (circle one)
8. Bonuses? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr/ other _____ (circle one)
9. Tips? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr/ other _____ (circle one)
10. Other Pay? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr/ other _____ (circle one)
11. Do you anticipate a pay increase for your employee within the upcoming 12 months?
 No Yes Amount of Increase \$ _____ per Hr / Wk / Mo / Yr Date Anticipated _____
(circle one)

12. Other Remarks: _____

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. **I agree to fully cooperate with U.S. Department of HUD and the Macon Housing Authority if they have questions about how this form was completed.** I have read and understood the penalty warning at the bottom of this form.

Signature of the Employer or Employer's Authorized Representative Date Completed

Print Name Title: _____ Phone Number

"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. Section **408 (a) (6), (7) and (8).**"