

Kathy Richards Management



the
"CAREtakers"

1044 Rudberg Dr. Suite 2
Hurley, WI 54534
(888) 576-6468 FAX: (906) 932-5158
www.kathyrichards.com

201 South Curry Street
Ironwood, MI 49938
(906) 932-5500



Equal Housing Opportunity

This institution is an equal opportunity provider and employer.

EMPLOYMENT VERIFICATION

Employer: _____

TEL.#: _____ FAX _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

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"

TO BE COMPLETED BY THE EMPLOYER: All questions have to be answered with correct information or n/a. If verification is not filled out completely, we will be calling you to telephone verify.

- | | |
|--|---|
| 1. Job Title: _____ | 2. Gross Wage:\$ _____ /hour |
| 3. Gross Salary:\$ _____ /year | 4. Average Hrs./Week: _____ |
| 5. No. of Weeks/Yr.: _____ | 6. Avg. Overtime Hrs./Week: _____ |
| 7. Forecast Overtime (next 12 mos.) _____ | 8. Overtime Wage/Hour:\$ _____ |
| 9. Date of Hire: _____ | 10. Has Employment been Continuous? _____ |
| 11. Date of Last Wage Increase: _____ | 12. Amount of Last Wage/Hour Increase:\$ _____ |
| 13. When is Next Wage Increase Expected? _____ | 14. Next Expected Wage Increase/Hour:\$ _____ |
| 15. Paid Vacation Days/Yr: _____ | 16. Does employee participate in a 401K/retirement account?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Any Additional Compensation (i.e., tips, commissions, bonuses, etc.?)
If YES, please complete compensation type and amount below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Compensation Type: _____ Amount:\$ _____ Frequency? Per _____

COMMENTS: _____

Signature of Person Verifying Information: _____ Tel # _____ Date _____

Please Return this form to:

FAX _____

Phone _____

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, and any 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 willfully 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 \$5,000.00. 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 Section **408 (a) (6) (7) and (8).**