

# Somersworth Housing Authority

Central Office: 25 Bartlett Ave, Suite A, Somersworth, N.H. 03878  
Phone (603)692-2864 / Fax (603)692-2877 / TDD (800)545-1833 x113

## VERIFICATION OF EMPLOYMENT INCOME

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Social Security #: ending \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This person has applied for housing assistance or is a resident under a program of the US 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 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.*

**Consent form attached.**

## REQUESTED INFORMATION

1. Employed since: \_\_\_\_\_ Present Position: \_\_\_\_\_
2. Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly yearly
3. Expected gross earnings during the next twelve months (12): \$ \_\_\_\_\_
4. Average # of regular hours per week: \_\_\_\_\_
5. Effective date of next salary increase: \_\_\_\_\_ New rate: \$ \_\_\_\_\_ per \_\_\_\_\_
6. Employee works: (circle one) Full-Time Part-Time **AND** (circle one) Full Year Seasonally Temporarily
7. Overtime pay rate per hour \$ \_\_\_\_\_ Average # of overtime hours per week: \_\_\_\_\_
8. Shift differential rate \$ \_\_\_\_\_ Average # of shift differential hour per week: \_\_\_\_\_
9. Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly monthly yearly
10. Does employee receive vacation pay? (circle one) Yes No If YES: number of days per year \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Supplying Information

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PENALTIES FOR MISUSING THIS CONSENT FORM:**

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, the SHA and any owner (or any employee of HUD, the SHA 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 purposes cited above. Any person, who knowingly or willfully requests, obtains or disclosed 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, the SHA or the owner responsible for the unauthorized disclosure or improper use.