



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

VERIFICATION OF EMPLOYMENT INCOME

Employee Name: _____ Employer Name: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____
 Fax: _____

Please complete and return to requesting Department (see above Fax numbers)

I, the undersigned, hereby authorize the release of the information requested below. Appl#: _____

SIGNATURE: _____ **SSN** _____

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.

TO BE COMPLETED BY EMPLOYER

Check issued to: _____ Current gross pay rate: \$ _____ per hr wk 2 wks mo yr

Effective Since _____ Average number of hours worked per week: _____

Previous gross pay rate (during the past 12 months, if different than above):

\$ _____ per hour week 2 weeks month year

Average number of overtime hours worked per week _____ Rate: _____

Average Tip or Commission: \$ _____ per hour week 2 weeks month year

Date hired: _____ Present job title: _____

Is Client on paid leave of absence: yes no On leave of absence since _____

If employment is seasonal, please give yearly amount: \$ _____ Is employment temporary? yes no

If employment has been terminated, indicate effective date: _____

Signature: _____ Phone number: _____

Title: _____ Date: _____

Company Stamp Required ↓

Warning: 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 PHA and any owner (or any employee of HUD, the PHA 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 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. 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 PHA 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 U.S.C. Section **408 (a) (6), (7) and (8). **