



EMPLOYMENT/TERMINATION VERIFICATION

Name of Employee: _____ Last 4 of Social Security #: _____

Name of Head of Household: _____ Caseworker: _____

I hereby authorize the release of the information requested below.

Signature: _____ Date: _____

Name of Employer: _____ Name of Supervisor: _____

Company Address: _____ City, State, Zip _____

Phone #: _____ Fax #: _____ Email: _____

TO BE COMPLETED BY EMPLOYER ONLY

Status of Employment: Full-time Part-time Temporary Other (Specify): _____

Date employment began: _____ Basic hourly rate of pay: \$ _____

Scheduled hours per week: _____ Average overtime hours per week: _____

Shift Differential/Tips/Bonuses/Incentives: \$ _____ per Hour Day Week Month

If this is a temporary job, how long is it anticipated to last? _____

If employment is with a temporary agency, please attach employee's gross wage check history printout from date of hire.

Is this a Job Training program? Yes No

Has employment ended? Yes No **If yes, reason employment ended?** _____

If yes, what was the last day worked? _____ **Gross amount of last check:** \$ _____

Employer's Signature: _____ Date: _____

Title: _____ Phone number: _____ Email: _____

Warning: Title 18, Sect 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purpose 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 \$5000. 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 authorized 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. Sect 408(a)(6)(7) and (8).

THIS FORM WILL ONLY BE ACCEPTED IF IT IS FAXED OR MAILED DIRECTLY BY THE EMPLOYER. Updated 10/17/16 ck



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