



**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 MAY BE FAXED, MAILED, EMAIL DIRECTLY BY THE EMPLOYER.**

Updated 12/2025



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This institution is an equal opportunity provider and employer.

