

VERIFICATION OF EMPLOYMENT

Employer: _____ Please Return to: _____
Address: _____

RE: Salary and Benefits Received By: _____
Address: _____

The Federal Government requires that income of all members of families applying for admission to a federally aided project is verified in order to establish occupancy eligibility. We request your cooperation in supplying the following information.

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request you to furnish the following information that is necessary in determining eligibility for public housing. **NOTE: The USDA Rural Development in Nebraska has an agreement with the Department of Labor to provide wage and benefit matching information for the purpose of detecting fraudulent statements regarding income.**

_____ Date _____ Signature of Applicant

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PART I - VERIFICATION OF PRESENT EMPLOYMENT

Employment Data

1. Applicant's Date of Employment _____
2. Present Position _____
3. Probability of Continued Employment _____

Pay Data

4A. Base Pay: \$ _____ Annual \$ _____ Monthly \$ _____ Weekly
\$ _____ Hourly \$ _____ Other (specify) _____

4B. Earnings:

<u>Year to Date</u>			For Military Personnel Only	
<u>Type</u>	as of _____	<u>Past Year</u>	<u>Type</u>	<u>Monthly Amount</u>
Base Pay	\$ _____	\$ _____	Base Pay	\$ _____
Overtime	\$ _____	\$ _____	Rations	\$ _____
Commissions	\$ _____	\$ _____	Flight or	
Bonus	\$ _____	\$ _____	Hazard	\$ _____
			Clothing	\$ _____
			Quarters	\$ _____
			Pro Pay	\$ _____
			Overseas or	
			Combat	\$ _____

5. If overtime or bonus is applicable, is it's continuance likely?

Overtime YES _____ NO _____
Bonus YES _____ NO _____

6. Remarks

(If paid hourly, please indicate average hours worked each week during current and past year)

- a. Number of hours worked per week _____
- b. Anticipated increase ___ or decrease ___ in salary in next 12 months \$ _____
- c. Anticipated overtime hours to be worked in next 12 months _____



PART II CERTIFICATION

I certify, to the best of my knowledge, that the information provided is correct.

Signature

Title of Employer

Printed Name

Telephone Number

Date

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDILENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS OR BOTH."

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"This institution is an equal opportunity provider."

