



# 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](http://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#: \_\_\_\_\_

EMPLOYEE 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

Pay 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:** "PENALTIES FOR MISUSING THIS CONSENT: 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).\*\*"

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

