

## VERIFICATION OF EMPLOYMENT

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Twin Cities Habitat For Humanity  
1954 University Ave W, St. Paul, MN 55104  
Fax: \_\_\_\_\_ ATTN: \_\_\_\_\_

**RETURN THIS VERIFICATION TO THE  
PERSON LISTED ABOVE.**

APPLICANT NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person has applied for a housing program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of all information that is used in determining this person's eligibility.

We ask your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

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 which 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### INFORMATION BEING REQUESTED

1. Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Full-time ☐ Part-time ☐

Is this a seasonal position? \_\_\_\_\_yes or \_\_\_\_\_no

If you answered yes Start Date: \_\_\_\_\_ and End Date: \_\_\_\_\_

2. BASE PAY RATE

Per hour \$ \_\_\_\_\_, per week \$ \_\_\_\_\_ Or per month \$ \_\_\_\_\_.

Date present rate effective \_\_\_\_\_

Average hours at Base Pay Rate: \_\_\_\_\_

Average hours worked per: Day \_\_\_\_\_ Week \_\_\_\_\_

Average weeks \_\_\_\_\_ or months \_\_\_\_\_ worked per year

(OVER)

3. OVERTIME PAY RATE

Per hour \$\_\_\_\_\_.

Expected average number of overtime hours to be worked per week during next twelve months \_\_\_\_\_

4. OTHER COMPENSATION NOT INCLUDED ABOVE (specify for commissions, bonuses, tips, etc.)

FOR \_\_\_\_\_ \$\_\_\_\_\_ per

5. Total Base Pay earnings past 12 months: \$\_\_\_\_\_.

Total Overtime earnings past 12 months: \$\_\_\_\_\_.

6. Is there a probability of a pay increase in the next 12 months? YES ☐ NO ☐

If yes: \$\_\_\_\_\_/hr. Effective date of increase: \_\_\_\_\_.

\_\_\_\_\_  
PRINT NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NO.

**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.