

Exhibit C - Employment Verification

Property Name:	Property Number:
Address and Unit Number:	Date:

This section is to be completed by the management company and executed by application/resident.

Employer Information	Please Return Form To
To/Attn:	To/Attn:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Applicant Name:	Last 4 Digits of SS#:
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Release: I hereby authorize the release of the requested information. Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. **For HUD Section 8 use:** 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.

Applicant Signature:	Date:
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The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature:	Date:
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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 and any owner (or any employee of HUD 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 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 \$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 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 USC. 408 (a) (6), (7) and (8).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <https://veteranbenefits.mo.gov/> or call (573) 751-3779 to learn about available resources.

This section is to be completed by the applicants' employer.

Employer, please fill in **ALL** blanks. Enter N/A if an item is not applicable to the employee.

Employee Name:	Job Title:
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Employment Status		
Are they presently employed? Yes No	<u>Date First Employed</u>	<u>Last Day of Employment</u>

Wages/Salary Information							
Current Wages/Salary:	Hourly	Weekly	Bi-weekly	Semi-Monthly	Monthly	Yearly	Other:
Average # of regular hours (per week):				Commissions, bonuses, tips, other:			
Average # of overtime hours (per week):				Overtime Rate (per hour):			
Average # of shift differential hours (per week):				Shift Differential Rate (per hour):			
Complete this line <u>ONLY</u> if wage data is unavailable. ->			Year-to-date earnings:		From:		Thru:
Does this employee have a 401k, 403b or other retirement account? Yes No If yes, can the employee withdraw funds from this account? Yes No							
List any anticipated change in the employee's rate of pay within the next 12 months:							
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):							
Additional remarks:							

Employer's Signature:	Date:
Printed Name of Signatory:	
Signatory Title:	Signatory Phone Number:
Employer [Company] Name and Address:	

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