



**COUNTY OF NASSAU  
OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR – SUITE C - HEMPSTEAD, NEW YORK 11550  
(516) 572-1900 FAX (516) 572-2790  
TTY (516)572-2369

Log Number: \_\_\_\_\_  
Housing Specialist: \_\_\_\_\_

**Household Member Name:** \_\_\_\_\_ **SS# (last 4 digits)** \_\_\_\_\_

*I hereby authorize the release of the requested information.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Authorization for the Release of Information (HUD-9886) or Consent for Release of Information form attached if this form is not signed.*

This individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the family's eligibility. We appreciate your prompt response, as we are required to complete our verification process in a short time period. Please respond by faxing to the number on the letterhead. Thank you in advance for your cooperation.

**VERIFICATION OF EMPLOYMENT INCOME**

Please provide the following information for the individual listed above.

<b>Employer Name</b>					
<b>Employer Address</b>					
<b>Employee Job Title</b>			<b>Date of Hire</b>		
<b>Last Day of Employment (if Applicable)</b>			<b>Termination Voluntary?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pay Rate</b>	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
<b>Pay Frequency (check one)</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly				
<b>Average Number of Hours Worked</b>		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Pay Period			
<b>Overtime Pay Rate</b>	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Pay Period			
<b>Bonuses, Commissions, Fees</b>	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Pay Period			
<b>Earnings YTD</b>	\$	YTD earnings date (as of)		Start Date (if after Jan 1 <sup>st</sup> of this year)	
<b>Total Earnings for the past 12 months</b>	\$				

Log Number: \_\_\_\_\_

Housing Specialist: \_\_\_\_\_

YES	NO	Question <i>(Use back of form if more room is needed – all information must be complete)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is there an anticipated pay increase in the next 12 months?</b>			
		If YES:	Amount of anticipated change	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Pay Period
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you anticipate any changes in the hours the employee works in the next 12 months?</b>			
		If YES:	Amount of change		
		If YES:	Reason for this change		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is the employee currently on leave?</b>			
		If YES:	Percentage or amount of pay that employee will receive while on leave absence		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly
		If YES:	Effective Date of Leave		Anticipated Date of Return
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is this employment in a government-funded training, skills or volunteer program?</b>			
		If YES:	Indicate funding or government excluded-income source		

<b>Additional Comments</b>	
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I certify that the information provided is true and correct.

<b>Name of Individual Completing Form</b>		<b>Title</b>	
<b>Signature</b>		<b>Company</b>	
<b>Address</b>		<b>Date</b>	
<b>Email</b>		<b>Telephone</b>	

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**