

**JACKSON HOUSING AUTHORITY**  
**2747 Livingston Rd. Jackson, MS 39213**  
**Phone: 601-362-0885 Fax: 601-982-4733**

**Main Employer's Verification**

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

From: **Jackson Housing Authority** \_\_\_\_\_

**2747 Livingston Rd** \_\_\_\_\_

**Jackson, MS 39213** \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The household member named above is applying for or recertifying eligibility for federal housing assistance. Please provide us with the information requested below so that we can complete our determination of the household member's eligibility. The household member has consented to the release of this information as shown below.

We would appreciate your prompt return of this form to our office named above. Enclosed is a self-addressed, stamped envelope for this purpose.

\_\_\_\_\_  
JHA Representative

.....

Employee's Name: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employee's Title: \_\_\_\_\_

Is work dependent on weather: ( ) Yes ( ) No

# of Regular Hours per week \_\_\_\_\_ At Base Rate of \$ \_\_\_\_\_ Per hour

# of Overtime Hours per week \_\_\_\_\_ At OT Rate of \$ \_\_\_\_\_ Per Hour

If paid on other than an Hourly Rate, the total amount is:

( ) Weekly \$ \_\_\_\_\_ ( ) Bi-weekly \$ \_\_\_\_\_ ( ) Monthly \$ \_\_\_\_\_

( ) Semi-monthly \$ \_\_\_\_\_ ( ) Annually \$ \_\_\_\_\_

Total earned past 12 months \$ \_\_\_\_\_

If less than a year \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of last increase \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Anticipated increase ( ) Yes ( ) No \$ \_\_\_\_\_ Per \_\_\_\_\_ Effective \_\_\_\_\_

Amount of Bonus (incentive pay, commission, tips, etc.) \$ \_\_\_\_\_ Per \_\_\_\_\_

Amount deducted for medical/hospital Ins: \$ \_\_\_\_\_ Per \_\_\_\_\_

Remarks: \_\_\_\_\_

Firm/Employer's Name: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Supplying Information:

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOUSEHOLD MEMBER RELEASE**

To the Household Member:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE JHA REPRESENTATIVE OR THE VERIFICATION SOURCE 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 15 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: \_\_\_\_\_

**Penalties for Misusing this Verification Form**

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 42 U.S.C. 208 (f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f. g. and h.