

COVID-19 Housing Cost Assistance Program

VERIFICATION OF INCOME AND/OR REDUCTION OF HOURS/PAY

To Employer: _____ Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied to the COVID-19 Housing Cost Assistance Program. I have authorized the program to obtain a verification of my income (and/or) reduction of hours and/or pay due to COVID-19 health crisis from you. In order for my eligibility to be determined, MFA must verify all of my income. The requested information is for the confidential use of MFA program and the U.S. Department of Housing and Urban Development only.

I/we further understand that the information provided on this form is subject to verification by HUD at any time, and 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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Applicant Date

EMPLOYER'S VERIFICATION

Please answer all questions below. If you do not answer all questions, further clarification will be required.

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____

Type of Employment: Permanent Temporary Seasonal Intermittent

Probability of Continued Employment: _____

CURRENT RATE OF PAY:

Estimated, if not actually paid on hourly, monthly or annual basis:

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

Additional compensation: (actual amounts received in past 12 months)

Overtime: \$ _____ per _____; Tips \$ _____ per _____;

Commissions, bonuses: \$ _____ per _____;

RATE OF PAY CHANGE:

For Pay and/or Hours Reduction - estimated, if not actually paid on hourly, monthly or annual basis:

REDUCTION OF RATE OF PAY: estimated if not actual:

Former rate of pay as of _____

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

New rate of pay as of _____

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

REDUCTION OF HOURS WORKED: estimated if not actual:

Former regular hours worked as of _____:

Hours per day _____; week _____; or month _____

New regular hours worked as of _____:

Hours per day _____; week _____; or month _____

Signature _____ Date _____

Printed Name _____ Title _____