

OXFORD HOUSING AUTHORITY
 Post Office Box 488
 Oxford, Mississippi 38655

WAGE VERIFICATION FORM

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. 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).**

Housing Authority Representative _____						Date _____	
I HEREBY CONSENT TO THE RELEASE OF THE INFORMATION REQUESTED BELOW.							
_____ Signature of Applicant/Tenant							
Employee Name					SSN		
Employee Address: Street, City, State, Zip					Work Title		
Date Employed	Reg Hrs/Wk	Base Pay Rate	Paid Weekly? <input checked="" type="checkbox"/>	Biweekly? <input checked="" type="checkbox"/>	Monthly? <input checked="" type="checkbox"/>	Semi-Monthly? <input checked="" type="checkbox"/>	
Anticipated Raise?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	IF YES, Amount		Effective Date of Raise: _____ \$ _____ per _____		
Gross earnings, past 12 months: \$ _____							
If employed less than a year, gross earnings of \$ _____ from _____ to _____							
Total amount of Bonuses, Incentive Pay, Commissions, Tips, etc. \$ _____ per _____							
Firm or Employer Name					Employer Phone Number		
Address		City	State	Zip Code			
Signature and Title of Signer					Date Signed		

To the Employer:

If your company utilizes a third party verification program such as "The Work Number" for wage verification, please fill out the information below and return this form to Oxford Housing Authority at the address above. FAXed forms will be accepted at (662) 236-3319.

Employee Name: _____ Employee SSN: _____

Employer (Company) Name: _____

Employer (Company) Code: _____

Printed Name of Person Completing Form: _____ /
Title

Signature of Person Completing Form: _____ /
Date