

VERIFICATION OF FARM WORK STATUS

1st Request _____
 2nd Request _____
 3rd Request _____

TO: (Name & Address of Employer)

Household: _____

Unit #: _____

Management Contact: _____

Management Phone: _____

FROM: (Name and Address of Property)

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified.

This form must be mailed, faxed or emailed. DO NOT hand-carry this form.

RELEASE STATEMENT

I hereby authorize the release of the below requested information.

Applicant/Resident Name: _____ SSN: _____

Applicant/Resident Signature: _____ Date: _____

Employer to complete this section

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: _____ Job Title: _____

Job Description: _____ Presently Employed? Yes No

Does the job fall within the definition of Farm Work below? Yes No

DEFINITION OF FARM WORK: Services in connection with cultivating the soil, raising or harvesting, or in catching, netting, handling, planting, drying, packing, grading, storing, or in preserving in its unmanufactured state any agriculture or aquaculture commodity, or delivering to storage, market, or a carrier for transportation to market or to processing any agriculture or aquaculture commodity; or working in a processing plant and directly handling agriculture or aquaculture product. Certain classes of employment in food processing plants may not be eligible for housing in this property.

Original Hire Date: (mm/dd/yy) _____ Current Re-Hire Date: _____ Termination Date: _____

Reason for Termination Quit Terminated for Cause Seasonal/Lack of Work Other _____

If terminated for seasonal job ended or lack of work, do you anticipate re-hiring the employee?

Yes, provide anticipated re-hire date (mm/dd/yy): _____

No, employee is not eligible for re-hire.

Unknown, but we will re-hire if employee would like to return. Anticipated re-hire date: _____

Is the employee eligible for unemployment benefits? Yes No Comment: _____

Prior 12 month's earnings: \$ _____ from (mm/dd/yy) _____ through (mm/dd/yy) _____

Average # weeks of layoff period: _____

Is the employee eligible for other work/job/tasks during lay off period? Yes No

Signature of Representative

Title

Date

Print Name

Phone #

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.