## FARM WORK STATUS VERIFICATION CLARIFICATION BY TELEPHONE INSTRUCTION

- **Purpose:** At properties with a Farmworker Commitment, this form is to clarify information missing from the Verification of Farm Work Status form, or to verify an applicant's eligibility by obtaining information from the Farm Work employer.
- *General:* When verifying the eligibility of Farm Work, this form should be used in conjunction with the Verification of Farm Work Status form.

## Specific Instructions:

- 1. Management enters Property Name and Unit #.
- 2. Enter the Resident name.
- 3. Enter the Employer or Company name and phone number.
- 4. Enter the first and last name and Title of the person contacted.
- 5. Enter the Resident/Employee's name and Job Title
- 6. Request the Job Description and confirm the Applicant/Resident is presently employed.
- 7. Read the Farm Work Definition and confirm the job description meets this definition, then check Yes or No. If Yes, complete the remaining questions. If No, thank them for their time.
- 8. Request Original Hire Date, Current Re-hire Date and Termination Date if applicable.
- 9. Request Reason for Termination if applicable. Complete remaining section accordingly.
- 10. Request whether Unemployment benefits are available.
- 11. Request Prior 12-month's earnings amount and relevant dates.
- 12. Request Average # of weeks of any relevant layoff period.
- 13. Request eligibility for other work during layoff periods
- 14. Management Representative completes this section with Signature, Title, Date, Printed Name and Phone Number.
- \* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

## FARM WORK STATUS VERIFICATION/CLARIFICATION BY TELEPHONE

	Property Name: <u>(1)</u>			Unit #:	(1)	
	Resident Name: (2)					
	Employer (Company): <u>(3)</u>		Phor	e Number:	(3)	
	Name and Title of Person Contacted:	(4) First Name	(4) Last Name		(4) Title	
	If this form is used as an alternative to the <i>v</i> employers.	form is used as an alternative to the Verification of Farm Work Status include the most recent copies of W-2 forms for all overs.				
	If you are using this form to <b>clarify</b> informati	on from the Verificatio				
(5)	Employee Name:	bloyee Name: Job Title:				
(6)	Job Description: (6)		P	Presently Employe	d? 🗆 Yes 🗆 No	
(7)	Does the job fall within the definition of Farm Work below?					
	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.					
(8)	Original Hire Date: (mm/dd/yy)	Current Re-H	lire Date:			
(9)	Reason for Termination  Quit  Terminated for Cause  Seasonal/Lack of Work  Other					
	<ul> <li>If terminated for seasonal job ended or lack of work, do you anticipate re-hiring the employee?</li> <li>Yes, provide anticipated re-hire date (mm/dd/yy):</li> <li>No, employee is not eligible for re-hire.</li> <li>Unknown, but we will re-hire if employee would like to return. Anticipated re-hire date:</li> </ul>					
(10)	Is the employee eligible for unemployme	ne employee eligible for unemployment benefits? $\Box$ Yes $\Box$ No Comment:				
(11)	Prior 12 month's earnings: \$	from (mm/dd/y	from (mm/dd/yy) through (mm/dd/yy)			
(12)	verage # weeks of layoff period:					
(13)	Is the employee eligible for other work/job/tasks during lay off period? $\Box$ Yes $\Box$ No					
	(14)		(14)		(14)	
	Signature of Representative		Title		Date	
	(14)		(14) Phone #			
	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.