



_____/_____/_____ SS#

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize **any organization / individual below** to release without liability, information regarding my employment, income, and/or assets to Habitat for Humanity of Greater Birmingham for the purpose of verifying information provided as part of determining eligibility for Habitat's rental program. I understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested include but are not limited to: personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses and tips, cash held in checking/savings accounts, stocks, bonds, certificates of deposits (CD), individual retirement accounts (IRA), interest, dividends, payments from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability and/ or worker's compensation, welfare assistance, net income from the operation of a business and alimony or child support payments and rental history.

Organizations/individuals that may be asked to provide written and/or oral verification include, but are not limited to:

- | | |
|---|--------------------------------|
| Past/Present Employers | Social Security Administration |
| Banks, Financial or Retirement Institutions | Veteran's Administration |
| State Unemployment Agency | Rental/Housing Agencies |
| Welfare Agency | Credit Reporting Agencies |
| Landlords | Criminal Background Checks |
| Alimony/Child/Other Support Providers | Other _____ |

Agreement to conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this information and correct any information that is incorrect.

I agree to pay a onetime fee of \$25.00 dollars for the information being requested.

Signature

Print Name

Date



We build strength, stability, self-reliance and shelter.

VERIFICATION OF RENTAL HISTORY

TO: _____

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

Please complete the information and return by fax to 205.780.1800_or email to esmiley@habitatbirmingham.org.

Thank you for your cooperation.

Cordially,

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY TENANCY TO THE INQUIRING LANDLORD.

TENANT SIGNATURE

DATE

Rental history of _____

Date moved in _____ Moved out _____ Monthly rent \$ _____

Was rent paid on time? _____ Number of times late? _____

What was included in rent? _____

Number of persons in family? _____ Did they follow the rules? _____

Complaints by others (explain)? _____

Care of rental unit: _____

Any damage? _____ Any pets? _____

Overall rating as a tenant (good, fair, poor, explain) _____

Would you rent to them again? _____

Did they give notice to move? _____ If former tenant, did you return full security deposit? _____

If not, why? _____

Person providing information: _____

Title: _____ Phone: _____



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
 Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender) Greater Birmingham Habitat for Humanity 4408 Lloyd Noland Parkway/ P.O. Box 540 Fairfield, Alabama 35064
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender Patricia Burch or Earnestine Smiley	4. Title Executive Director/ Office Admin	5. Date	6. Lender's Number (Optional) 205-780-1234
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
12B. Gross Earnings				Base Pay		
Type	Year To Date	Past Year	Past Year	Rations	\$	16. Date of applicant's next pay increase
Base Pay	Thru _____	\$	\$	Flight or Hazard	\$	
Overtime	\$	\$	\$	Clothing	\$	17. Projected amount of next pay increase
Commissions	\$	\$	\$	Quarters	\$	
Bonus	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increase
Total	\$	\$	\$	Overseas or Combat	\$	
				Variable Housing Allowance	\$	19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)			
22. Date Terminated	Base _____	Overtime _____	Commissions _____	Bonus _____
24. Reason for Leaving	25. Position Held			

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	