Employer Verification of Participant Employment

U.S. Department of Housing and Urban Development

Office of Housing - Federal Housing Commissioner

OMB Approval No. 2502-0570 (Expires 04/30/2027)

Property Disposition Program Good Neighbor Next Door Sales Program

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0570. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is required to obtain benefits and to administer the Good Neighbor Next Door (GNND) Sales Program (24 CFR Part 291, Subpart F) including determining and documenting eligibility to participate in the program. If this information were not collected, HUD would not be able to administer this GNND program properly to avoid waste, mismanagement, and abuse. HUD will retain this information as part of the property disposition transaction record. Failure to provide this information could affect your employee's participation in HUD's GNND Sales Program

Warning: Falsifying information on this or any other form of the Department is a felony. It is punishable by a fine not to exceed \$250,000 and/or a prison sentence of not more than two years. Failure to adhere to the residency and resale requirements may result in administrative sanctions being taken against the Law Enforcement Officer, Teacher, Firefighter, or Emergency Medical Technician.

Privacy Act Notice - HUD's Federal Housing Administration is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to federal, state, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID or Social Security Number could affect your participation in HUD's Property Disposition Program.

To the employer: The individual named below has represented to the U.S. Department of Housing and Urban Development that he/she isÁ employed by your agency in one of the capacities identified below. The information must be verified by your agency as a prerequisite to participation in the Good Neighbor Next Door (ÕÞÞÖDSales Program. Please check the appropriate box provided Abelow, sign/date where indicated and forward this form in the enclosed pre-addressed envelope. Participation An the AGNPD Sales Program by the named individual is dependent on receipt of this Verification from your Agency. Á \(\text{Comparison of Approximation of the Approxim F€€FÁS) åÆT€F€EÁ Agency's Certification of EmploymentÁhereby certify that Name:___ ____Address: ____ Case #: ____ Is employed by the below-named agency and is: (check the appropriate box) ☐ a Law Enforcement Officer who, for purposes of GNND Sales Program, is defined as an individual who is employed full-time by a law enforcement agency of the federal government, a state, a unit of general local government, or an A Indian tribal government and is sworn to uphold, and make arrests for violations of, federal, state, tribal, county, township, or municipal laws serving the above listed address; or a Teacher, who, for purposes of the GNND Sales Program, is defined as an individual employed as a full time teacher by a state accredited public school or private school that provides direct services to students in grades pre-Kindergarten through 12 and serves students from the community, neighborhood, or jurisdiction of the unit of general local government, or Indian tribal government in where the home is located; or ☐ a Firefighter or Emergency Medical Technician who, for the purposes of the GNND Sales Program, is defined as an individual who is employed full-time as a firefighter or emergency medical technician by a fire department or emergency medical services responder unit of the federal government, a state, a unit of general local government, or an Indian tribal government serving the above listed address.

| Print or type your name | | |
|--------------------------|------|--|
| Print or type your title | | |
| Agency Name | | |
| Agency Address | | |
| Telephone Number | | |
| Your signature | Date | |