



A Fax From:

The Square on 31<sup>st</sup>

Phone: (507) 288-9205

Fax: (507) 536 4685

Email: Thesquare@paramark.us

*Please call with any questions!*

To: CME

Fax Number: 507-289-6552

Date: 4/11/19

Total Number of Pages: 2

**\*\*If verification is regarding employment, please include a year to date payroll summary.\*\***

**Regarding: A verification form for your client/employee.**

This person has applied or receives housing with The Square on 31<sup>st</sup> Apartments. In accordance with HUD regulations, we must obtain complete and accurate information on our applicants and current residents.

As we are subject to audits, we ask that you complete the attached verification as completely as possible, leaving no blanks. If the information is not available or not applicable please mark the area N/A or none. To make any changes please do not use white out. Simply put a line through the wrong information and place your initials by the change you have made.

*This is a government required document. Please fill out completely and accurately and return to us within 5 days. Thank you for your time.*

\*\*\*PLEASE FAX BACK TO 507.536.4685\*\*\*

Employment Verification

TO: CMG

RE: Sameer Yaqoob

234

NAME 1012-81-16404

SOCIAL SECURITY NUMBER

FROM: F) 507-289-16552

The Square on 31<sup>st</sup> Apartments  
320 31<sup>st</sup> Street NE  
Rochester, MN 55906

Thank you for your prompt response. All information is confidential.  
Please contact Elisha Jockes or Amanda LaRock  
at (507) 288-9205 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature [Handwritten Signature]

Date 04/11/19

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee. If this individual's employment is considered Federally Excluded Income - STOP and please contact the site manager for the appropriate verification.

Employee Name Sameer Yaqoob Job Title Food Production

Presently Employed? Yes  : Date First Employed 10/05/2015 No  : Last Day of Employment \_\_\_\_\_

Current Wages/Salary \$ 12<sup>33</sup> (circle one) (hourly) weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week 40 Gross Year-to-date earnings \$ 8,392<sup>96</sup> Dates: 1/1/19 → 4/12/19

Overtime Rate \$ 18<sup>49</sup> per hour Average # of overtime hours per week N/A

Shift Differential Rate \$ N/A per hour Average # of shift differential hours per week N/A

Commissions, bonuses, tips, other \$ N/A (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Is there any anticipated change in the employee's rate of pay within the next 12 months? Yes  No   
If yes, what is the change? \_\_\_\_\_ What is the effective date of the change? 1/1/19

Is the employee's work seasonal or sporadic? Yes  No  If yes, average number of weeks in the layoff period(s): \_\_\_\_\_

Does this employee have a 401k, 403b or other retirement account? Yes  No   
If yes, can the employee withdraw the funds in this account while employed (excluding loans)? Yes  No

Additional remarks \_\_\_\_\_

Signature Garrison Lenz Date 4-12-19  
Print your name Garrison Lenz Tel. # 507-923-4955  
Title Administrative Assistant  
Address 7480 Flying Cloud dr. Eden Prairie, MN 55344

**PENALTIES FOR MISUSING THIS CONSENT:** 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA 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).



Gross Amn't REG Hrs OT Hrs DT Hrs Vac. Hrs Hol Hrs FICA MED Garn. DD PPE

Fed'l State Other Health Other Net  
Taxes Taxes Taxes Insur. Adj's Check Status

Yaqoob, Sameer Check #: 80180444 Check Date: 03/22/19

\$567.62 36.55 0.00 0.00 0.00 0.00 \$25.99 \$35.19 \$8.23 \$16.68 \$0.00 \$0.00 \$0.00 \$0.00 \$481.53 Y Regular 03/17/19

Yaqoob, Sameer Check #: 80188962 Check Date: 03/29/19

\$496.18 31.95 0.00 0.00 0.00 0.00 \$18.85 \$30.76 \$7.19 \$12.86 \$0.00 \$0.00 \$0.00 \$0.00 \$426.52 Y Regular 03/24/19

Yaqoob, Sameer Check #: 80197018 Check Date: 04/05/19

\$653.82 40.00 1.40 0.00 0.00 0.00 \$34.61 \$40.54 \$9.48 \$21.30 \$0.00 \$0.00 \$0.00 \$0.00 \$547.89 Y Regular 03/31/19

Yaqoob, Sameer Check #: 80205851 Check Date: 04/12/19

\$542.77 34.95 0.00 0.00 0.00 0.00 \$23.51 \$33.65 \$7.87 \$15.35 \$0.00 \$0.00 \$0.00 \$0.00 \$462.39 Y Regular 04/07/19

Subtotal - CMG - Rochester 510.50 45.95 0.00 48.00 8.00 \$576.91 \$611.85 \$143.07 \$332.01 \$0.00 \$0.00 \$0.00 \$0.00 \$8,204.55

Corporate Management Group Total	
+Gross Amount	\$9,868.39
-Taxes	\$1,663.84
-Deductions	\$0.00
Net Amount	\$8,204.55
No. of Checks	15
No. of Employees	1
REG Hours	510.50
OT Hours	45.95
DT Hours	0.00
Vacation Hours	48.00
Holiday Hours	8.00
Fed'I Taxes	\$576.91
FICA	\$611.85
Medicare	\$143.07
State Taxes	\$332.01
Other Taxes	\$0.00

<b>Report Total</b>	
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