

# Employer Verification of Participant Employment

Property Disposition Program  
Good Neighbor Next Door Sales Program

# U.S. Department of Housing and Urban Development

Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0570  
(exp. 3/31/2024)

**Public reporting burden** for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. A control number is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F) and to collect information for the Property Disposition Program. Information was collected for the GNND Sales Program. Failure to provide this information may result in the denial of your application for the Property Disposition Program. The information you provide will be used for the purposes of the Property Disposition Program. Failure to provide this information may result in the denial of your application for the Property Disposition Program.

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 or Firefighter/Emergency Medical Technician.

**Privacy Act Notice** – The HUD Office is authorized to collect information for Social Security Numbers. These numbers are used for information to the IRS regarding payment of commissions or other HUD purposes. HUD may also disclose this information to other federal, state, and local agencies when relevant to civil, criminal, or regulatory proceedings. It will not be otherwise disclosed or used for any other purpose. Failure to provide the Employer ID Number 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 is 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 Sales Program. Please check the appropriate box provided below, sign/date where indicated and forward this form in the enclosed pre-addressed envelope. Participation in the GNND Sales Program by the named individual is dependent on receipt of this Verification from your Agency.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Case #: \_\_\_\_\_

Agency's Certification of Employment: hereby 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 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/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	