Greeley Housing Authority/Weld County Housing Authority PO Box 130 Greeley, CO 80632 Fax 970-346-7690 www.greeley-weldha.org

VERIFICATION OF EMPLOYMENT

I, ______ authorize Greeley/Weld Housing Authorities to obtain any information necessary to determine my eligibility for housing assistance.

Employee Signature		curity # D	ate	
To Be Completed by Employer				
Date employment began Cu		ent Position/Title		
Gross earnings for the past three (3)	pay periods:			
Pay Date \$ Pay Date	\$ Amount	Pay Date	\$ Amount	
AVERAGE NUMBER OF Hours worked per week: Re	egular Hours	Overtim	e Hours	
Current Rate of Pay \$ per	Pay \$ per I		Date Effective	
Expected Change \$ per		Date Effective		
Pay periods are: Weekly	Bi-weekly	Monthly	Bi-Monthly	
Tips or Bonuses: \$ per _				
Is employee's work: Seasonal Indicated pay-off period:			Sporadic	
Firm or Employer				
Address:			_	
The above information was complete	ed by:			
Signature of Employer/Authorized Representative		Date		
Title		Phone #		

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any Matter within its jurisdiction.