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 Social Security # Date

To Be Completed by Employer

Date employment began _____ Current Position/Title _____

Gross earnings for the past three (3) pay periods:

_____	$_____	_____	$_____	_____	$_____
Pay Date	Amount	Pay Date	Amount	Pay Date	Amount

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____ Regular Hours _____ Overtime Hours

Current Rate of Pay $ _____ per _____ 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 _____Agricultural _____Sporadic

Indicated pay-off period: _____

Firm or Employer _____

Address:_____

The above information was completed 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.