

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

**VERIFICATION OF FORMER EMPLOYMENT**

I, \_\_\_\_\_ authorize Greeley/Weld Housing Authorities to obtain the following information regarding my termination of employment.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

**TO BE COMPLETED BY EMPLOYER**

Date employment began \_\_\_\_\_

Date employment was terminated: \_\_\_\_\_

Is/will employee receive Workman's Compensation Benefits? Yes \_\_\_\_\_ NO \_\_\_\_\_

Average number of hours worked per week \_\_\_\_\_

**Firm or Employer** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employer/Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone #**