

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 #