

**The Housing Authority of the City
of Northport Alabama**

3500 West Circle #39 Δ Post Office Drawer 349
Northport Alabama 35476
(205) 752-8171 (205) 345-1506 Fax

E _____ R _____
M _____ E _____
P _____ F _____
: _____ : _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require the housing authority to verify employment of household members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you furnish information to the housing authority regarding my employment. I understand that this information will be kept confidential and will be used only for the program purposes.

Tenant Signature: **X**

Date: _____

Part 1-Verification of Employment				
Date of Employment		Present Position		If overtime or bonus, is its continuance likely? Overtime : <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Rate of Pay:	\$	<input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> salary <input type="checkbox"/> other	Average hours per week:	
Earnings Year to Date: \$		From:	To:	

Part 2-Verification of laid off, Maternity Leave, Other interruption of employment			
Last day worked:	First day back	was any pay received: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount \$

Part 3-Verification of Employment Termination			
Last day worked:	Total Earnings: \$	From	To

Part-4 Certification of Employer		
This form should be completed and signed by a bona fide representative of the employer such as timekeeper, bookkeeper, accountant, etc. In no event should it be completed by the employee. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy.		
Signature:	Date:	Title:
Address:		Phone:

This form *MUST* be returned by the EMPLOYER once it has been filled out, either mail or fax

MAIL:
Northport Housing Authority
ATTN: T.R. Thompson
Post Office Drawer 349
Northport Alabama 35476

FAX:
(205) 345-1506

Reason for this Verification

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