



HHA EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY HHA STAFF AND SIGNED BY TENANT



TO: (Name and address of employer)

Date: _____

RE:

Applicant/Tenant Name Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely _____
Case Manager

Return Form To: **Harrison Housing Authority**
202 W. Stephenson
Harrison, AR 72601
Or Fax: 870-741-6369

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____
Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____
Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other _____
Average # of regular hours per week: _____ Year-to-date earnings: \$ _____
Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____
Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone Fax E-mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction. Rev. 2007