

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

EMPLOYMENT VERIFICATION

(AND EMPLOYMENT TERMINATION VERIFICATION)

P.O. BOX 1071 + HARRISONBURG, VA 22803 Phone/VTDD 540-434-7386 + Fax 540-432-1113

Name of Employee (or former employee)					Date		
Address					Unit Number		
***_**_							
Last 4 of Employee SSN	Phone				HOH/File (HRHA use)		
I hereby authorize the release of the l	velow inform	mation, rei	lative to my earni	ngs and e	mployment histo	ry, to HRHA.	
Employee Signature					Date		
TO THE EMPLOYER: Thank you fo and/or rent calculations for low-income by fax to 540-432-1113, or by mail to P.	housing v	with HRH	A. Please return	this form			
Employment start date: Occupati				oation:	on:		
Current employee (circle one)?	YES	NO	If NO, date wo	ork termin	nated:		
If terminated, is termination permanent?	YES	NO	N/A	(if NC), explain under	additional remarks	
Base pay rate: \$ per (cir	cle one):	HOUR	WEEK	MONTH			
Average hours per week:	Effective	e date of c	urrent pay rate/ho	urs:			
The employee is paid (circle one):	WEEKI	LY E\	/ERY TWO WEE	KS	MONTHLY	OTHER	
Does the employee receive any other compensation not accounted for above, such as bonuses, tips, or overtime pay (circle one)?					YES	NO	
Does the employee receive their wages/	salary via c	direct depo	sit (circle one)?		YES	NO	
Additional remarks or comments:							
Name		Title			Date		
Signature of Authorized Employer Representa		Company			Phone		

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.