



Norman Housing Authority

700 N. Berry Road

Norman, Oklahoma 73069

Phone (405) 329-0933

Fax (405) 573-0345

Date: _____

Re: _____

SS: _____

We are required by Federal Law to verify the income of all applicants/residents of assisted housing to determine eligibility and rent. We appreciate your cooperation in returning to us the information requested below.

NHA Representative

I hereby authorize your Personnel Office to release any information requested by the Norman Housing Authority for the purposes of determining my income and/or family composition. Any information in my personnel file should be submitted in confidentiality, to be used at the discretion of the Authority.

See Authorization Form

Applicant/Resident Signature

Date

Information required shall include but is not limited to the following:

1. Beginning Employment Date: _____
2. Position: _____
3. Is position full time, part time, or temporary? _____
4. Will said applicant be employed with your company for the next 12 months? _____
5. Average total hours worked per week: _____
6. Rate of pay: _____
7. Other known income (ex: tips, bonuses, commission overtime, second jobs, state/gov benefits, shift differential): _____
8. Termination Date and/or Reason for Leaving: _____
9. Current Address: _____
10. Number of Dependents (ex: spouse, children, etc.): _____
11. Relevant Remarks: _____

Firm

Firm Representative

Phone

Job Title

To expedite the process, please fax back to (405) 573-0345 or email cfuentes@normanha.org. If the full SSN is needed to verify information, please call 405-329-0933 ext. 309. Thank You.