



700 N. Berry Road, Norman, OK 73069  
Phone 405-329-0933 Fax 405-329-2542

“Affordable Housing...with Vision”

**Employment Verification Form**

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Re: \_\_\_\_\_  
SS: xxx-xx-\_\_\_\_\_

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) 857-6143 or email [kcothran@normanha.org](mailto:kcothran@normanha.org). If the full SSN is needed to verify information, please call 405-329-0933 ext. 309. Thank You.