THE HOUSING AUTHORITY
OF THE CITY OF TUSCUMBIA

P. O. Box 350
Tuscumbia, Alabama 35674

JENNIFER C. SMITH
EXECUTIVE DIRECTOR

Office: (256)381-0915 Fax: (256) 381-9961

EMPLOYER VERIFICATION

DATE: _____

_____ **RE: _____**

Employer/ Company **Tenant/Applicant**

_____ **_____**

Telephone # **Telephone#**

We are required to verify the income of each applicant and tenant of the Tuscumbia Housing Authority. Your cooperation in completing this form is necessary and greatly appreciated. If you have any questions please call 256-381-0915. You may mail or fax the completed form to us.

Sincerely,

Jennifer C Smith
Executive Director

FRAUD AND ABUSE

SECTION 24-1-10 OF THE CODE OF ALABAMA, 1975, READS AS FOLLOWS:

"Any person who obtains or attempts to obtain, or who establishes or attempts to establish eligibility for any person who knowingly or intentionally aids or abets such person in obtaining or attempting to obtain, or in establishing, or attempting to establish eligibility for, any public housing, or a reduction in public housing rental charges or any rent subsidy, to which such person would not otherwise be entitles by means of a false statement, failure to disclose information, impersonation, or other fraudulent scheme or device shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than $300.00 nor more than $500.00 or be punished at hard labor for the county not to exceed 60 days, or may be both fines and imprisoned, at the discretion of the Court." (80-627)

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DATE EMPLOYED: _____ JOB TITLE/DESCRIPTION:_____

RATE OF PAY (only one is needed): $_____HOUR $_____WEEK $_____MONTH $_____ YEAR

AVERAGE NUMBER OF HOURS PER WEEK:_____

Earnings if employed less than 12 month: $_____ From _____ to _____

Total earned last 12 months $_____

If your company has frequent lay-offs, give an average number of weeks off in a year:_____

Remarks:_____

DATE:_____ PRINTED NAME:_____

TITLE: _____ SIGNATURE: _____