



EMPLOYMENT INQUIRY

_____ DATE: _____
RE: _____
APT #: _____
SOCIAL SECURITY # _____

In order to determine the eligibility of all families housed in the Low Rent Housing required by law to verify the income of the family. Both your employee, and this Office will appreciate you supplying the following information, which will be kept confidential.

Signature of Employee Housing Authority Representative

THIS FORM MUST BE COMPLETED BY EMPLOYER IN INK OR TYPED

Date employed by you _____ Occupation _____

Regular hours worked per week _____ Average hours overtime per week _____

Present gross rate of pay is \$ _____ per _____

Gross Amount earned during past calendar year _____ is \$ _____

Or if employed less than one (1) year, Gross total earned \$ _____

Additional information or explanation _____

Date _____

M.H.A. USE ONLY:

Firm _____

Date Received _____

Phone _____

By: _____

Signature _____