

INCOME VERIFICATION FORM

CONFIDENTIAL

Re: _____

The above noted has applied for continued occupancy of a dwelling unit under management of this Authority. In accordance with the requirements for public housing, the income of all families must be verified. As the applicant has authorized the securing of this information, and has furnished your name as an employer, it would be appreciated if you would supply the information indicated below. Thanking you for your courtesy and co-operation in this manner. Please return to your employee or fax to Prince Albert Housing Authority @ 764-0970.

Yours truly,

PRINCE ALBERT HOUSING AUTHORITY,

Per _____

Application (X)

Abatement ()

Rent Revision ()

TO BE COMPLETED BY EMPLOYER

PLEASE SUPPLY **GROSS** MONTHLY INCOME FOR PERIOD

_____ 20 ____ TO _____ 20 ____

Month	Gross Amount	Month	Gross Amount

Pay Period: _____
(i.e. weekly, bi-weekly, monthly)

Start Date: _____

Position Held: _____

Prospect of Continued Employment:

Is holiday pay included in the above monthly figures () Yes () No

Paymaster: _____
Please Print

Date Completed: _____

Name of Firm: _____

Signature of Paymaster

Address: _____

City: _____

Phone No.: _____

NOTE: It is Fraudulent to Make a False Declaration.

TENANT AUTHORIZATION TO RELEASE ABOVE INFORMATION

Date: _____

Tenant Signature: _____

Phone No.: _____

Address: _____

OFFICE USE:
CONFIRMED WITH: _____ **DATE CONFIRMED:** _____