

INCOME VERIFICATION FORM

CONFIDENTIAL

This tenant is applying for occupancy of a dwelling unit under the management of The Battlefords Housing Authority. In accordance with the requirements for public housing, the income of all applicants must be verified.

The applicant has authorized the securing of this information (see below) and has provided your name as an employer. It would be appreciated if you would supply the information indicated below to support the application. Thank you for your co-operation and support of this application.

TO BE COMPLETED BY THE EMPLOYER ONLY

Please supply the GROSS MONTHLY INCOME for the following time period:

_____/_____/_____ to ____/____/_____
Month Year Month Year

		Indicate Pay Period Type: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly					
	Month	Gross Amount (\$)	Hours/Week Worked		Month	Gross Amount (\$)	Hours/Week Worked
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			
	?	<ul style="list-style-type: none"> Please put asterisk (*) beside any month where there were 3 pay periods If no income was earned in one or any of these months please print "NO INCOME" for that month 					

Completed by (Paymaster): _____ Completed on: ____/____/____
PLEASE PRINT MM DD YY

Paymaster Signature: _____ **NOTE: It is Fraudulent to make a False Declaration.**

Name of Firm: _____ Address: _____

City: _____ Phone Number: _____ Fax Number: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ Employee Signature: _____
PLEASE PRINT

Address: _____ Phone Number: _____