

# INCOME VERIFICATION FORM

**CONFIDENTIAL**

This tenant has applied for continued 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 families must be verified.

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

THE BATTLEFORDS HOUSING AUTHORITY

per: \_\_\_\_\_  
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Phone: 306-445-4393 Fax: 306-446-1277

## **→ TO BE COMPLETED BY EMPLOYER ONLY ←**

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

\_\_\_\_\_ of \_\_\_\_\_ to \_\_\_\_\_ of \_\_\_\_\_  
Month Year Month Year

Month	Gross \$	Month	Gross \$

**Indicate Pay Period Type:**

Weekly

Bi-Weekly

Monthly

\*\* Please put asterisk (\*) beside any month where there were 3 pay periods \*\*

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: \_\_\_\_\_

## **TENANT AUTHORIZATION TO RELEASE INFORMATION**

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
PLEASE PRINT

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_