

Housing Authority of Hartsville  
 Post Office Drawer 1678  
 Hartsville, South Carolina 29551

Attn: Personnel Department

Re: \_\_\_\_\_

We are required to verify the income of all applicants/residents that participate in any of our federally subsidized programs. This information is required in order to determine a family's eligibility and rent. This information will be held in confidence.

Sincerely,

\_\_\_\_\_  
 Applicant/Resident Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
 SS#

Part I

Date Employed: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employee is paid: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Twice per month \_\_\_ Monthly \_\_\_ Other \_\_\_

Wages per hour \$ \_\_\_\_\_ if not paid hourly, gross wages expected per pay period \$ \_\_\_\_\_

Other earnings (tips, etc.) \$ \_\_\_\_\_ per \_\_\_\_\_

Is this seasonal employment: \_\_\_\_\_, if yes, expected term of employment \_\_\_\_\_

Part II

Date Pay Period Ends	Hours worked	Gross Pay	Other Earnings	Date Pay Period Ends	Hours worked	Gross Pay	Other Earnings	Date Pay Period Ends	Hours worked	Gross Pay	Other Earnings

Effective date of last pay increase: \_\_\_\_\_ Total earned past 12 months: \$ \_\_\_\_\_

Does employee receive paid vacation \_\_\_\_\_ Number of days per year \_\_\_\_\_

Does employee receive unpaid vacation \_\_\_\_\_ Number of days per year \_\_\_\_\_

Does employee receive paid sick leave \_\_\_\_\_ Number of days per year \_\_\_\_\_

Name of Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_