**HOUSING AUTHORITY OF HARTSVILLE POST OFFICE DRAWER 1678 HARTSVILLE, SOUTH CAROLINA 29551**

Attention: 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,
Housing Authority of Hartsville

I hereby authorize the release of information to the Housing Authority of Hartsville.

_____ _____ _____ _____

Date Applicant/Resident Signature SS#

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Part I

(1) Date Employed: _____ Occupation:_____ Employee is paid: ☐ Weekly ☐ Bi-weekly ☐ Twice per month ☐ Monthly ☐ Other (_____)

(2) Number of hours worked per week, if not paid weekly list # of hours per pay period: _____

(3) Wages per hour : $ _____ if not paid hourly, gross wages expected per pay period: $ _____ other earnings (tips, etc.): $ _____ per _____

(4) Has the employee worked continuously since hire (i.e. layoffs, leaves, etc.) _____

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Part II

List gross wage information below: (Gross pay refers to the total wages earned before any deductions.) List wage information, for the last twelve pay periods, if employed less than twelve pay periods list wages from date employed:

| 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 |
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Effective date of last pay increase: _____ Total earned past 12 months (if employed that long) $ _____from _____ to _____

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 firm: _____ Signature: _____ Telephone Number: _____

Address: _____

Date: _____ Comments: _____

**WAGES**