

Martin Housing Authority
134 East Heights Drive
Martin, Tennessee 38237
731/587-3186 | 731/587-0019 fax
misty@martinhousing.org

RE: _____ Social Security # _____

Dear Employer,

We are required to verify the incomes of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and we pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. Please fax if it is more convenient. Note that the person referenced has authorized your release of the information. If you have any questions, please call Misty Lightner at 731-587-3186 x 229.

Thank you.

1. Employed since: _____ 2. Job title: _____

3. Base pay rate or salary: \$ _____ per _____ hour _____ week _____ biweekly _____ month _____ bimonthly

4. Average hours worked at base pay rate: _____ hours per week _____ weeks per year

5. Is overtime likely? () Yes () No If yes, overtime pay rate: \$ _____ per hour

6. Average overtime hours expected per month during next 12 months: _____

7. Other compensation? Please specify type (tips, bonuses, commissions, etc.), amount, and frequency.

Type _____ \$ _____ per _____

8. Vacation pay? () Yes () No If yes, number days per year: _____

9. Total base pay earnings for last 12 months: \$ _____

10. If no longer employed, please provide last date of employment: _____

11. Is employee eligible for unemployment benefit? _____

Business Name: _____ Address: _____

Name of person completing this form: _____ Phone #: _____

Signature: _____ Date: _____

Applicant/Tenant Release

I, _____, hereby authorize release of the requested information.

Signature

Date