## GRAYSON COUNTY HOUSING AUTHORITY 1708 W. HOUSTON SHERMAN, TEXAS 75092 (903) 892-8717 FAX (903) 868-2649

APPLICANTS NAME	DATE
SOCIAL SECURITY #	

In order to establish the above named applicant's eligibility to receive rental assistance from the Housing Authority of Grayson County we are required to verify his/her income. The above named applicant/tenant has advised us that he/she is employed by your firm. Your cooperation and prompt return of the information requested below will be held in confidence and used only by the Housing Authority of Grayson County.

SIGNATURE OF APPLICAN	T BADGE NUMBER	H.A. OFFICIAL
EMPLOYED FROM	TO	
OCCUPATION	EMPLOYMENT	
		TEMPORARY
DATE OF LAST PAY RAISE		SEASONAL
TENANT/APPLICANT IS PA	ID:WEEKL	YBI-WEEKLY
	MONTH	ILY
AVERAGE OF HOURS WEE	KLY	_STRAIGHT TIME
HOURLY WAGE	OVERTIME	
TIPS IF ANY	PERCOMM	IISSIONPER
BONUS	PER	
ACTUAL EARNING DURING	G THE PAST 12 MONTHS OI	R FOR PERIOD OF
EMPLOYMENT. \$	FROM	TO
DATEFII	RM NAME	
EMPLOYER'S PHONE NUM	BER	BY
MAILING ADDRESS		TITLE
*****		
Warning: Section 1001 of Title of the		
misrepresentation to any department		ter within its jurisdiction.

## MUST BE COMPLETED BY EMPLOYER