

**EMPLOYER'S STATEMENT OF SALARY AND WAGES  
MOULTRIE HOUSING AUTHORITY**

**P O BOX 1058  
MOULTRIE, GA. 31776  
PHONE # 229-985-4162  
FAX # 229-890-1203**

\_\_\_\_\_  
DATE

We are legally required to verify the income from all sources, of all families applying for the admission to, or continued occupancy in, developments in the low-rent housing program of this Housing Authority.

Your name has been given as an employer reference by the below-named applicant (tenant) for the dwelling unit (or continued occupancy) in one of our developments. We are requesting your cooperation in supplying the information below, which applies to the period during which you employed this applicant. This information will be held in confidence for use only in determining the family's eligibility and rent.

\*\*\*\*\*  
I hereby authorize and request my employer to furnish the following information which is necessary in determining my eligibility and rent for low-income public housing.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Housing Authority Representative

Employee's Name _____		SS# _____	
Address _____			
Title of Position Held _____			
How long employed: From _____		To _____	
		Date returned to work: _____	
Rate of Pay \$ _____ Hourly _____ Weekly _____ Monthly _____ Other _____			
Date present rate of pay became effective _____			
Average number of hours worked each week _____			
Are the following received:			
(a) Tips	Yes _____	No _____	Amount \$ _____ per _____
(b) Bonus	Yes _____	No _____	Amount \$ _____ per _____
Firm: _____		By: _____	
		Title _____	
Date _____		Phone Number _____	