



The Salem Housing Authority is required by law to verify the Income, Medical and Dental Deductions for all persons applying for admission and re-certification for Federal Housing Assistance Program participation.

We kindly ask for your co-operation in supplying the information as indicated below. This information will be held in strict confidence as prescribed by both State and Federal laws and will be used only in determining eligibility for participation in these programs.

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TEL. #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY #: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF TERMINATION: \_\_\_\_\_

DATE RETURNED TO WORK (IF APPLICABLE): \_\_\_\_\_

GROSS WAGES: \$ \_\_\_\_\_ PER HOUR \$ \_\_\_\_\_ PER WEEK \$ \_\_\_\_\_

YEAR-TO-DATE EARNINGS \$ \_\_\_\_\_ THROUGH (DATE): \_\_\_\_\_

DATE OF INCREASE IN WAGES (IF ANY): \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_ OVERTIME HOURS: \_\_\_\_\_

AMOUNT DEDUCTED FOR MEDICAL AND DENTAL PLAN: \$ \_\_\_\_\_

AMOUNT DEDUCTED FOR SAVINGS PLAN (CREDIT UNION, 401K, ETC.): \$ \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. This is signed under the penalties of perjury.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Print Name TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant Signature S8wages