



Housing Authority of the City of Fulton Missouri

350 Sycamore St. — P.O. Box 814 — Fulton, Missouri 65251

Tel (573) 642-7611 — Fax (573) 642-4260

Release of Wage Information Form

TENANT: COMPLETE HIGHLIGHTED AREAS ONLY

Employer Name (company) _____ **Date** _____
Address _____ **Resident Name (Print)** _____
City, State & Zip _____ **SSN** _____
Employer's Phone # _____ **Resident Phone #** _____

AUTHORIZATION

I give my consent for wage information to be released to the housing authority of the City of Fulton

Employee (Resident) Signature X _____ **Date** _____

The above named person is a member of a household who is receiving or has made application for Federal Housing Assistance. In order to determine eligibility and the amount of assistance they receive, we must have information about this person's income and expenses. It is important that we have information on how often they are paid, number of hours worked per week and their pay rate; as well as anticipated changes in rate of pay or hours worked. Please complete all sections indicated. We have provided a format and space to enter this information. If this format is not easy for you to use, you may use another format or separate sheet and attach it to this form. If the employee is no longer working for you, please complete the section on Terminated Employment. Enclosed is a self-addressed envelope for your reply or you can fax the form to us at 573-642-4260. We appreciate the time you are taking to give us this information and thank you for your cooperation.

DATE OF EMPLOYMENT	CURRENT POSITION
BEGINNING AN EXTENDED LEAVE, DATE STARTED	DATE OF REHIRE OR RETURN FROM EXTENDED LEAVE

TERMINATED EMPLOYMENT: (if person is no longer in your company, complete the following)

How Long Employed	DATE LAST WORKED	AMOUNT OF LAST CHECK	NO. OF HOURS FOR LAST CHECK	DATE LAST CHECK REC'D/TO BE REC'D
REASON FOR TERMINATION				

RETIREMENT (if the person is retired from your company, please complete the following):

EFFECTIVE DATE OF RETIREMENT	AMOUNT OF MONTHLY PENSION	DATE FIRSST CHECK RECEIVED
------------------------------	---------------------------	----------------------------

PLEASE GIVE GROSS EARNINGS BY PAY PERIOD FOR: DATE: _____ through DATE: _____

HOW MANY HOURS PER WEEK DO THEY WORK? -----	DATE CHECK RECEIVED	PAY PERIOD ENDING DATE	RATE OF PAY	HOURS WORKED	GROSS EARNINGS	TIPS (IF NOT INCLUDED IN GROSS EARNINGS)	FOOD ALLOW. (IF NOT INCLUDED IN GROSS EARNINGS)	SICK OR VAC PAY
PAY PERIOD:								
<input type="checkbox"/> TWICE A MONTH								
<input type="checkbox"/> MONTHLY								
<input type="checkbox"/> EVERY 2 WEEKS								
<input type="checkbox"/> WEEKLY								
<input type="checkbox"/> OTHER								

ARE THERE SEASONAL CHANGES THAT AFFECT THE EARNINGS OF THE EMPLOYEE? YES or NO

IF YES EXPLAIN:

ARE THE WAGES OR NUMBER OF HOURS WORKED EXPECTED TO CHANGE IN THE NEXT 6 MONTHS YES OR NO

IF YES EXPLAIN:

SIGNATURE OF PERSON COMPLETING FORM	TELEPHONE NO	DATE
-------------------------------------	--------------	------