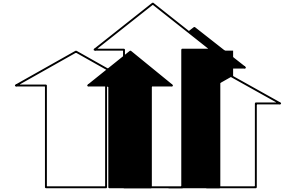




HUALAPAI HOUSING

Hwal'bay Ba:j Wayo:wo'jo
600 Highview Street ♦ P.O. Box 130 ♦ Peach Springs, Arizona
Phone (928) 769-2274 Fax (928) 769-2703



Income Verification

Name of Tenant/Applicant: _____

I hereby authorize release of information relating to my income to the Hualapai Housing. This includes submitting a copy of my most recent Personnel Action Notice which can be requested from Hualapai Housing at any time while I am on the waiting list or a tenant of the low rent or homebuyer program.

Tenant/Applicant Signature Date Social Security No. Date of Birth

Payroll Department:

Federal Regulations made to mandate that income for all Hualapai Housing residents/ applications be verified annually and during the application and annual recertification process. The information received will be held in strict confidence for use in establishing monthly rent charges and to determine if the tenant/applicant(s) meet the national median income guideline. Please include the total annual income including the estimated overtime earnings, if applicable.

Thank you,

Billie Imus

Hualapai Housing Representative

FOR ACCOUNTING USE ONLY!

Employer: _____ Supervisor: _____
Employer Address: _____ City/State/Zip: _____
Employer Phone No.:(____) _____ - _____ Pay Rate:\$_____ Per: _____ Hours Per Week: _____
Job Title: _____ Date of Hire: _____
Days Worked: _____ Days Off: _____
Total anticipated earnings for the next twelve (12) months:\$ _____

Payroll Clerk Date (____) _____
Phone No.

HOUSING STAFF ONLY!

Date Sent: _____ Inter-Office: _____
 Faxed To: _____ No.: _____ Other: _____
Sent Over By: _____ Waiting List: _____ Project/Unit No: _____

Received Stamp Here: