

# IRON COUNTY HOUSING COMMISSION

210 N. 3<sup>rd</sup> St. Crystal Falls MI 49920 ☎ P:906-875-6060 F:906-875-3430 E:ichc@up.net/website-ichousing.org

**Executive Director: Victoria Webb, PHM/ Board of Commissioners: Anita Phillips/Board President  
Jennifer Ricker-Feak/Dona Heikkinen/Kim Flood/Greg Hall**



We are legally required to verify the income from all sources, of all families applying for 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 a dwelling unit (or for 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-rent public housing.

*Victoria Webb*

Housing Authority Representative

Signature of Applicant/Tenant

1. Employee's Name _____ Address _____
2. Title of Position held _____
3. How long employed: From _____ To _____
4. Rate of Pay \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
5. Date present rate of pay became effective _____
6. If present rate of pay has been in effect less than 12 months, give previous rate of pay \$ _____ Effective date of same _____
7. Average number of hours worked per week _____
8. Overtime rate \$ _____ per _____. Overtime begins after _____ hours.
9. Period of sick leave with pay _____
10. Period of vacation leave with pay _____
11. Total gross earnings for past 12 months \$ _____
12. Are following received: (a) Commissions: Yes _____ No _____ Amount \$ _____ per _____ (b) Tips: Yes _____ No _____ Amount \$ _____ per _____ (c) Bonus: Yes _____ No _____ Amount \$ _____ per _____
13. Unusual occupational expenses not compensated for by employer: Special Tools _____; Uniforms _____; Other _____
14. Remarks: _____ _____ _____ Firm: _____ Date: _____ By: _____ Title: _____