

Housing Authority of Hartsville
PO Drawer 1678
Hartsville, South Carolina 29551

Date: _____

To: _____

My office has been informed by _____ that she/he:

_____ Terminated Employment with your firm
_____ Is Currently out of work due to sickness, lay off, etc.

This information has to be verified in order to adjust his/her rent. Please furnish the information requested below.

Social Security Number

Signature of Resident

If employment has terminated, please indicate reason employment ended.

Date Employment Began _____

Date Employment Terminated _____

Date of Last Check _____

Gross Amount of Last Check _____

If employee is on leave or laid off, please indicate type of leave or lay off:

Date employee is expected to return to work _____ Date Employed: _____

Date of Last Check: _____ Gross Amount of Last Check: _____

Name of Firm: _____

Address: _____

Telephone: _____

Signature: _____