HOUSING AUTHORITY OF HARTSVILLE POST OFFICE DRAWER 1678 HARTSVILLE, SOUTH CAROLINA 29551

Attention: P	ersonnel De	epartment		Re:								
				licants/residents lity and rent Thi					Programs. T	his infor	mation is	
Sincerely, Housing Authority of Hartsville					I hereby authorize the release of information to the Housing Authority of Hartsville							
				Date		Applicant/Resident Signature			SS#			
******* Part I	*****	*****	******	******	******	*****	******	******	******	*****	******	
(1) Date Employed:			Occ	Employee is paid:					eekly Twice per month			
(3) Wages	per hour : \$	S	if not paid h	oaid weekly list	ges expected	l per pay j	eriod:	 other earning	gs (tips, etc.)	: \$	_ per	
(4) Has the ***********************************	employee ******	worked coi	ntinuously sir	nce hire (i.e. layo *********	offs, leaves, *******	etc.)	*****	******	******	*****	*******	
List gross wa if employed	ige informat less than tv	ion below: velve pay p	(Gross pay reperiods list wa	fers to the total wages from date e	ages earned mployed:	before an	y deductions.) I	ist wage inform	ation, for the	last twel	ve pay periods,	
Date Pay Period Ends	Hours Worked	Gross Pay	Other Earnings	Date Pay Period Ends	Hours Worked	Gross Pay	Other Earnings	Date Pay Period Ends	Hours Worked	Gross Pay	Other Earnings	
Effective date	e of last pay	y increase:		Total	earned past	12 month	ns (if employed	that long) \$	fro	om	to	
Does employ	ee receive j	paid vacati	on? Num	ber of days per	year Do	oes emplo	yee receive un	paid vacation?	Number	of days 1	per year	
				mber of days per								
Name of firm	n:			Signature: _				Telepho	ne Number:			
Address:												
Date:				Comments:								

WAGES