Housing Authority of Hartsville
Post Office Drawer 1678
Hartsville, South Carolina 29551

_____
Date

To: _____

_____

_____

My office has been informed by _____that she/he:

_____ Terminated Employment with your firm
_____ 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 Company: _____

Address: _____

Telephone: _____ Signature: _____