

# Housing Authority of the City of Conyers



1214 SUMMER CIRCLE  
CONYERS, GEORGIA 30012

PHONE: 770-483-9301  
FAX: 770-918-8759

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

IN ORDER TO ESTABLISH THEIR ELIGIBILITY IN PUBLIC HOUSING, THE HOUSING AUTHORITY IS REQUIRED TO VERIFY THE INCOME OF ALL TENANTS AND PROSPECTIVE TENANTS OF PUBLIC HOUSING PROJECTS. THE PERSON IDENTIFIED ABOVE HAS INFORMED US THEY ARE NOW EMPLOYED BY YOUR FIRM. ALL INFORMATION WILL BE HELD IN CONFIDENCE AND USED BY THE HOUSING AUTHORITY AS LEGALLY NECESSARY. YOUR COOPERATION AND PROMPT RETURN OF THE INFORMATION REQUESTED BELOW WILL BE APPRECIATED.

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYEE ADDRESS, PER YOUR RECORDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT OR LAST BASE RATE: \$ \_\_\_\_\_ PER \_\_\_\_\_ EFFECTIVE SINCE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: STRAIGHT: \_\_\_\_\_

OVERTIME: \$ \_\_\_\_\_ TIPS \$ \_\_\_\_\_ PER \_\_\_\_\_ BONUS \$ \_\_\_\_\_ PER \_\_\_\_\_

COMMISSIONS: \$ \_\_\_\_\_ PER \_\_\_\_\_

ACTUAL EARNINGS DURING THE PAST 12 MONTHS OR FOR PERIOD OF EMPLOYMENT IF LESS THAT 12 MONTHS: \$ \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_

**UNDER NO CIRCUMSTANCES IS THIS FORM TO BE FILLED OUT BY TENANT OR APPLICANT**



*Helping with the housing needs of conyers and Rockdale since 1956*

