

IRON COUNTY HOUSING COMMISSION

210 N. 3rd St. Crystal Falls MI 49920 🏠 P:906-875-6060 F:906-875-3430

E:victoria@ironcountyhc.org/website-ichousing.org

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



EMPLOYER STATEMENT

TO BE COMPLETED BY EMPLOYER ONLY:

For:	
SSN:	DOB:

The individual named above is an applicant/tenant for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that for the household to be eligible, ICHC must verify the household's income, expenses, and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. *ICHC IS REQUIRED TO COMPLETE OUR VERIFICATION PROCESS IN A SHORT TIME PERIOD AND WOULD APPRECIATE YOUR PROMPT RESPONSE TO THIS REQUEST FOR INFORMATION.*

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED TO: IRON COUNTY HOUSING COMMISSION:

Applicant/tenant signature: _____ **Date:** _____

(unless provided a signed authorization of release of information form)

Please provide the following information: Employer: _____

Date Hired:	Occupation/Position:
Current Pay Rate:	Per: hour/Day/Week/Month
Effective Date:	
Average Hours Worked	Per week
	Per Month
Overtime rate of pay:	Average per week:
Estimated Tips:	Per week:
Year-to-date amounts:	Pay:
	Tip:
	Other/

Is the employee participating in a job training or vocational rehabilitation programs? Y/N ____

DATE: _____ TITLE: _____ PHONE: _____

NAME/TITLE: _____ Signature: _____

