



**EMPLOYER FORM
INCOME VERIFICATION**

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Name of Employee: _____ Date: _____

The above-named employee of your firm is a resident of/or has applied for residence in housing units administered by The Moose Jaw Housing Authority.

In making applications for a low rental public housing unit, the above party has authorized us to verify his/her declared income.

A family gross income is the basis for calculating the rent to be charged for a housing unit. Please provide us with the information requested on the back of this page.

Please be assured that all information is confidential. Thank you for your cooperation in this matter.

If you have any questions, please call me at 694-4055.

Yours truly,



Alice Kelly
TENANT SERVICE MANAGER

Employer Form/Income Verification

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1. Please state if this employee is on an **HOURLY** rate: **Yes No**
(Circle one)
- A. Hourly Rate: \$ _____
- B. Hours per Week _____
- C. Start Date of Employment _____

Place of Employment	
Printed Name of Employer	
Signature of Employer/Representative	
Position of Employer/Representative	
Workplace Address	
Workplace Telephone Number	

If you experience a reduction in household income you may be eligible for a rent reduction.

Contact MJHA at (306) 694-4055 for more information.

You must notify MJHA immediately if you receive, or stop receiving benefits from The Ministry of Social Services (SIS, SAID, PTA)

If you have any questions or concerns, contact MJHA at (306) 694-4055.