



INCOME VERIFICATION REQUEST

Resident: _____

DATE: _____

Address: _____

Please take note that the above resident/applicant has either applied for housing or is currently renting and annual/interim rent adjustment must be performed. We respectfully request that complete this form and return by email, mail or fax. This information is list below.

BUSINESS/EMPLOYER NAME: _____

DATE OF HIRE: _____

PAY RATE HOURLY: _____ HOURS PER WEEK: _____

MONTHLY CONTRACT WAGE: _____

SIGNATURE OF PERSON/TITLE COMPLETING THIS FORM _____



IF EMPLOYEE IS OR HAS BEEN TERMINATED, PLEASE PROVIDE LAST DAY OR EMPLOYMENT

DATE OF TERMINATION: _____



PHONE 406-228-4942
FAX 406-228-8062
EMAIL hago@nemont.net
ADDRESS: Housing Authority of Glasgow
PO Box 1126
Glasgow, Montana 59230