

Greenburgh Housing Authority  
9 Maple Street  
White Plains, New York 10603

EMPLOYMENT FORM

(APPLICANT): TENANT MUST FILL OUT SECTION ONE (1) ONLY

SECTION 1 - TENANT'S PORTION

Tenant name: \_\_\_\_\_ Social Security # \_\_\_\_\_

*My signature below authorizes verification of my income*

TENANT'S SIGNATURE \_\_\_\_\_

SECTION 2 - EMPLOYER'S PORTION

Date of hire: \_\_\_/\_\_\_/\_\_\_ Applicant's Title: \_\_\_\_\_

Current rate of pay: \_\_\_\_\_ per \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current # of hours worked weekly \_\_\_\_\_ Allowances for night work \_\_\_\_\_

Overtime hours \_\_\_\_\_ Overtime paid at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_

Expected changes in rate of pay: new rate \$ \_\_\_\_\_ date: \_\_\_\_\_

Amount of bonus, incentive pay, commission, tips \$ \_\_\_\_\_ per \_\_\_\_\_

Gross salary (Year to date) \_\_\_\_\_

Termination date: \_\_\_\_\_

Layoff date: \_\_\_\_\_

Rehire date: \_\_\_\_\_

Firm or employer's name (please stamp, if available): \_\_\_\_\_

Address: \_\_\_\_\_

Signature of employer: \_\_\_\_\_

Printed name and title of signer: \_\_\_\_\_

Date: \_\_\_\_\_ Employer's telephone number \_\_\_\_\_

*This information is confidential. It is to be transmitted directly without passing through the hands of the applicant unless it is in a sealed envelope or it could be mailed directly to the address listed above.*

Thank You,  
Greenburgh Housing Authority