

# QUINCY HOUSING AUTHORITY

540 Harrison ~ Quincy, IL 62301 ~ Phone: 217-222-0720

**FAX COMPLETED FORM TO : 217-222-0865**

## LOSS OF INCOME VERIFICATION

EMPLOYER/ BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FORMER EMPLOYEES NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**START DATE** \_\_\_\_\_ **LAST DATE OF EMPLOYMENT** \_\_\_\_\_

\_\_\_\_\_ **PERMANENT** \_\_\_\_\_ **TEMPORARY**

**IF TEMPORARY, ANTICIPATED DATE OF RETURN** \_\_\_\_\_

SIGNATURE BY A DULY AUTHORIZED OFFICER OF THE COMPANY

\_\_\_\_\_  
NAME OF EMPLOYER VERIFYING                      TITLE                      DATE

*Upon receipt of this form, verification or questions by phone **may** follow in order that Quincy Housing Authority remains in compliance with HUD. Thank you for your cooperation.*

**QHA USE ONLY:**

Verified By \_\_\_\_\_ Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_