

ihcda

Indiana Housing & Community Development Authority
Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

Applicant Signature

Date

Employer information (to be completed by employer only)

Employer, please complete either section 1 or 2 **only** as appropriate, then complete and sign section 3.

Section 1

Has the applicant listed above been laid off or had a reduction of hours due to the economic and public health crisis related to COVID-19 ?		Date of layoff/reduction:
<input type="checkbox"/> Yes - layoff <input type="checkbox"/> Yes - reduction <input type="checkbox"/> No		____/____/____
Anticipated date of return or restoration of hours: ____/____/____ or <input type="checkbox"/> Indefinite	If reduction of hours, new average hours per week : _____	If reduction of hours, anticipated average gross pay per week : \$ _____

Section 2

Has the applicant listed above been in your employ within the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____/____/____
Is the applicant listed above still an active employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ____/____/____
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other: _____
Gross earnings for 3 months preceding application date:	Tips received for 3 months preceding application date:	Bonuses received for 3 months preceding application date:

Section 3

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: _____

Address: _____

E-mail address: _____ or Fax number: _____