

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202 Toll Free: (800) 747-9202 • TTY: (800) 833-6388

EMPLOYMENT VERIFICATION

Employee:		***************************************	Date:		
How long has the abov	e named emplo	oyee been working f	or your company?		
Please check one:	Temporary	Permanent	7		
Please check one:	Full Time	Part time			
His/her wages are:	\$p	er hour and	hours per week	weeks per year	
	\$p	er month and	hours per month	1	
If this person is not wo	rking for you rig	ght now but will in t	he future, please a	inswer the questions below	
When will he/she start	?		_		
Will this person be wo	rking on a year	round basis?	Yes	No	
Please check one:	Temporary	Permanent			
Please check one:	Full Time	Part time			
His/her wages we are:	\$	per hour	and	hours per week	
	\$	per mon	th and	hours per month	
Employer Name:					
Tax I.D. Number:					
Contract person:					
Address:					
Phone number:					

PLEASE FAX THIS BACK TO HAGC

(509) 762-2202



