



PLYMOUTH HOUSING COMMISSION
1160 SHERIDAN
PLYMOUTH, MI 48170
Ph: (734)455-3670 Fax: (734)455-2429

ATTENTION: Notification of New Employment

Date: _____

Name: _____ Social Security #: _____

Employment Start Date: _____

Employment Position: _____

Employer Name: _____

Employer Address: _____
Street City State Zip Code

Employer Phone: _____ Fax #: _____

Rate of Pay: _____ Per Hour Per Pay Annually

How Many Hours do You Work in a Week? _____

How Often are you Paid? Weekly Bi-Weekly
 Semi-Monthly Monthly

I certify that the information given is true and complete to the best of my knowledge. Further, I/We understand that failure to disclose all pertinent information to the best of my ability will be deemed fraudulent and will be turned over to the U.S. Department of Housing and Urban Development, Office of the Inspector General for appropriate action. I understand, also, that false statements or information are punishable under Federal Law by up to ten (10) years in prison and/or a \$10,000 fine.

Signature of Head of Household

Signature of Spouse/Other Adult