VERIFICATION OF INCOME

EMPLOYMENT EARNINGS

PROTECTED. TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

RELEASE OF INFORMATION AUTHORIZATION: I/We

do hereby authorize release of the following requested information to Vancouver Native Housing Society and Canada

Mortgage and Housing Corporation.

Vancouver Native Housing Society 1726 East Hastings Street Vancouver, BC V5L 1S9 Phone 604 320-3312 Fax 604 320-3317



Signature:								
The following salary or w								
Housing Management Co								
by the employee to supp	ort his/her application	for ass	sistance	under the Nation	onal Hou	using A	ot.	
Employee's Name			Employee's Address					
Name of Employer		Emp	Employer's Address			Employer's Telephone		
						Numbe	er/Extension	
Number of Years	Harris Markad nar	Eul	I Time	Part Time	Cooo	l nol	Weeks per	
Employed	Hours Worked <u>per</u> Week	Year		Part Time	Seaso	IIIai	Weeks per	
	· · · · · · · · · · · · · · · · · · ·							
Present Position or Job Classification			OFFICE STAMP:					
Fresent Fosition of Job C	lassification							
						1		
					_			
Present Regular Gross \$	Salary or Wago Bato (I	ndiooto	Onol					
Present Regular Gross 3	balary or wage Kate (I	ndicate	one)	4 /A\				
\$F	Per Hour / \$		4 11 -	er Week /	\$		Per	
Year)		
Does employee receive ea	arnings from overtime v	vork, bo	nuses, co	mmissions, etc.	?		No	
(D)								
(Please explain)								
Prospects of Continued E	mployment and/or Othe	r Comn	nents:					
I CERTIFY THAT THE ABO	OVE INFORMATION IS	TRUE	AND CO	RRECT.				
Name (Print Clearly)	Title/Phone Number		Date	Signatu	re			
				I				