



Lake Babine Nation Housing Department

225 SUS AVENUE
P.O Box 879
Burns Lake, B.C. V0J 1E0

Tel: (250) 692-4700
Fax: (250) 692-4790

VERIFICATION OF INCOME

PROTECTED, TO BE COMPLETED BY YOUR EMPLOYER/FUNDER

I _____ provide authorization for the following

(Please print name)

information to be released to the Lake Babine Nation Housing Department for the purpose of

calculating my monthly rent.

(Signature of Employee/Student)

The following income/wage or salary verification is provided to the LAKE BABINE NATION HOUSING ADMINISTRATION in STRICT confidence. As requested by the employee to determine rental payments as stipulated under section 95 of the National Housing Act.

EMPLOYEE/STUDENT NAME:		EMPLOYEE/STUDENT ADDRESS:	
TELEPHONE NUMBER: ()			
JOB TITLE:		EMPLOYER TELEPHONE/FAX NUMBER(S):	
NAME OF EMPLOYER/FUNDING AGENT:	START DATE:	<input type="checkbox"/>	<input type="checkbox"/>
	HOURS WORKED PER WEEK/ END DATE:	Full time	Part time
		<input type="checkbox"/>	<input type="checkbox"/>
		Seasonal Other	
		_____ weeks per year	
PRESENT REGULAR GROSS SALARY OR WAGE RATE(Indicate one):			
\$ _____ per hour \$ _____ per week \$ _____ per year \$ _____ per month			
DOES EMPLOYEE RECEIVE EARNINGS FROM OVERTIME WORKED, BONUSES, COMMISSIONS, ETC.?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
		(Please explain)	
PROSPECTS OF CONTINUED EMPLOYMENT AND/OR OTHER COMMENTS:			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

NAME (PRINT CLEARLY)	SIGNATURE:
TITLE:	DATE: