

# ihcda

Indiana Housing & Community Development Authority  
**Request for Earnings Information**

|                 |                     |      |                   |
|-----------------|---------------------|------|-------------------|
| Applicant name: |                     |      | Application date: |
| Address:        |                     |      | Phone:            |
| City:           | State:<br><b>IN</b> | 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 <b>due to the economic and public health crisis related to COVID-19</b> ? |   | 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:<br>____/____/____ or <input type="checkbox"/> Indefinite                                       | If reduction of hours, new average hours <b>per week</b> :<br>_____ | If reduction of hours, anticipated average <b>gross pay per week</b> :<br>\$ _____ |

**Section 2**

|  |  |  |
|--|--|--|
| Has the applicant listed above been in your employ within the last three months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Start date:<br>____/____/____  |
| Is the applicant listed above still an active employee?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          | If no, type of termination?<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff | Date of separation:<br>____/____/____  |
| Employee's base pay rate/salary:   | Average hours per pay period:  | Pay frequency:<br><input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly<br><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: \_\_\_\_\_