



Pike County Housing Authority
838 Mason Street
PO Box 123
Barry, IL 62312-0123
Phone: 217-407-0707
Fax: 217-407-0708
Website: www.pikehousing.com

LOSS OF INCOME VERIFICATION

TO BE COMPLETED BY EMPLOYER ONLY
FORM MUST BE RETURNED TO MAKE ANY CHANGES

Employer's Name _____

Employer's Address _____

Employer's Phone# _____

Employee's Name _____

Employee's DOB _____ Employee's Last 4 SSN _____

Employee's Address _____

Employee's Start Date _____ Employee's End Date _____

Is displacement permanent or temporary? _____

If temporary, when is employee expected to return? _____

Name of Employer's Representative completing this form _____

Title of Employer's Representative _____

Date Completed _____

Note: Upon receiving this form, additional verification or questions may follow so that PCHA remains in compliance with its policies.

Verification forms may be returned by mail or fax to the above, or may be emailed to cbruns@pikehousing.com. Thank you for your assistance in this matter.