

**Additional Employment - Tax Credit Household Eligibility Application (HEA)**

(Optional – Use only if more space is needed for Page 5 of the HEA form)

PROPERTY NAME	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME	CURRENT HH SIZE	

**PART 3: CURRENT EMPLOYMENT INFORMATION (ADDITIONAL EMPLOYMENT)**

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY  \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY  \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

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EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY  \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK