

# SECTION 3 CONTRACTOR OR SUBCONTRACTOR PAYROLL REPORT

Reporting Period: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Submit documentation for each current permanent, Part-time or Full-Time employees that are public housing or other Section 3 Residents.

Employee Name	Time Period	Last 4 digits of SSN	Hourly Rate	Hours Per Week	Gross Pay Per Week	PT or FT

Authorized Preparer Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date:

Attach additional sheets where needed.