

SANTA ANA HOUSING AUTHORITY M-27

PO BOX 22030, SANTA ANA, CA 92702
 Phone: (714) 667-2200 Fax: (714) 547-5411

HS _____
REEXAM _____
INTERIM _____
INTAKE _____
H/H _____

DAILY CASH EARNINGS STATEMENT

CASE NAME: _____ **SS #:** _____

Name of Person With CASH Earnings: _____

Since you are paid in cash, it is often difficult to remember exactly what amount you receive each day. This form will help you keep an accurate accounting of earnings, including tips. Please complete the form on a daily basis. Fill in the amount of CASH received for the month indicated and return it to us on the first day of each month.

Name of Employer: _____

*If more than one employer, include names below.

Address of Employer: _____

**BE SURE TO INCLUDE ALL ACTUAL CASH (INCLUDING TIPS OR BONUSES)
 ON THE DAY IT WAS RECEIVED. DO NOT ROUND OFF THE AMOUNT YOU REPORT,
 REPORT DOLLARS AND CENTS OF EACH PAYMENT.**

MONTH _____ **YEAR** _____

Day of Month	Amount of Cash Received	*Name of Employer	Day of Month	Amount of Cash Received	*Name of Employer	Day of Month	Amount of Cash Received	*Name of Employer
1			12			23		
2			13			24		
3			14			25		
4			15			26		
5			16			27		
6			17			28		
7			18			29		
8			19			30		
9			20			31		
10			21					
11			22					

Signature: _____

Date: _____