[Management Agent Letterhead]

EMPLOYMENT VERIFICATION

To:	Date:
resident at	As part of our processing, it is ment and anticipated GROSS annual
Please complete the section below and return stamped envelope. (Please mail rather than have the a you in advance for your prompt attention.	
	Sincerely,
THE FOLLOWING TO BE COMPLETED BY EMPLOYER	(Apartment Manager)
Anticipated Gross Income for the Next Twelve Months	
Hourly \$ No. of hours per week	 Weekly \$
Bi-weekly \$	Monthly\$
Overtime: Average per \$ \$ \$Day Week	Month

Tips, Comr	nissions, Bonuses: Average per \$		\$	\$
Year \$		Day	Week - or -	Month
			he next twelve	e months (including tips, bonuses or
Employer's	Signature		Date	
().	Title			Telephone
WARNING				ninal offense to make willful false statements he United States as to any matter within its

[Management Agent Letterhead]

ASSET VERIFICATION

Name and Address	of		Bank:	
RE:		S	SN:	
Applicant/Tena	nt Name			
Applicant/Tenant Add	ress (City, State		Zip Code
The above pers verification of the ho eligibility. The individ The information you household's eligibility process in a short time any questions, please	ual has authorized b provide will be us for tenancy. We e period and would	As part o expenses an pelow your rele sed only for the are require appreciate you	of our processin ad other informate ase of the require he purpose of d d to complete of	g we require tion related to ed information. etermining the our verification
Permission			by:	
(Applicant)		(Date)		

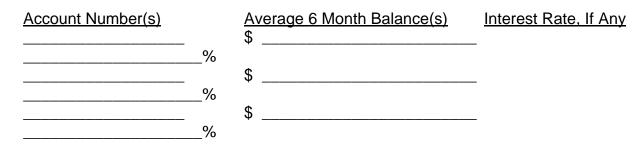
Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Sincerely,

(Apartment Manager)

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT



ASSET VERIFICATION PAGE 2

SAVINGS ACCOUNT

Account Number(s)Ba	Present Account ance(s) Rate \$	%	
	\$ \$	% %	
	CERTIFICATE	OF DEPOSIT	
Account Number(s) Ba	Present Account ance(s) Rate \$ \$ \$	%	
	TRU	<u>IST</u>	
Value of Trust Fund Administered: Anticipated Amount of Income to be earned by Trust over next 12 months:		\$	
		\$	
	PROPI	ERTY	
Value of Equity in Real Pro	operty	\$	
I certify that the above information	ation is true and correct		
Name of Official		Title of Official	
Name of Institution		Signature	
Address		Date	
City, State, Zip Code		Telephone Number	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

TENANT INCOME VERIFICATION FORM

Tenant Name: Address:		Date	:	
employment ar	nd gross annual income.		applied for residency/is documents employer's	
INCOME REP	ORT BY:			
Anticipate	d Gross Income for the Ne	<u>xt Twelve Months</u>		
Hourly No. of hou	\$ rs per week	Wee	kly \$	
Bi-weekly	\$	Mont	hly \$	
Overtime:	Average per \$ Day	\$ Week	\$ Month	
Tips, Com	missions, Bonuses: Average per \$	\$	\$	
\$ Year	• •		/eek	Month

- or -

Total anticipated gross annual income for the next twelve months (including tips, bonuses or overtime if applicable)

\$_____.

Name of Employer	Date and Time
Contact Person	() Telephone
Title	Management Staff (Signature)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.