

[Management Agent Letterhead]

EMPLOYMENT VERIFICATION

To: _____

Date:

_____ has applied for residency/ is a resident at _____. As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated GROSS annual income. The attached release and consent form authorizes the release of information regarding the applicant's employment and income.

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)

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Anticipated Gross Income for the Next Twelve Months

Hourly	\$ _____	Weekly	\$ _____
No. of hours per week	_____		
Bi-weekly	\$ _____	Monthly	\$ _____
Overtime: Average per	\$ _____	\$ _____	
	\$ _____		
	Day	Week	Month

Tips, Commissions, Bonuses:

Average per \$ _____ Day \$ _____ Week \$ _____ Month

Year \$__

- or -

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

Employer's Signature

Date

(____) _____

Title

Telephone

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.

[Management Agent Letterhead]

ASSET VERIFICATION

Name and Address _____ of _____ Bank: _____

RE: _____ SSN: _____
Applicant/Tenant Name

Applicant/Tenant Address City, State Zip Code

The above person(s) has applied for tenancy/is a resident at _____.
As part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility for tenancy. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

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

<u>Account Number(s)</u>	<u>Average 6 Month Balance(s)</u>	<u>Interest Rate, If Any</u>
_____ %	\$ _____	
_____ %	\$ _____	
_____ %	\$ _____	
_____ %		

SAVINGS ACCOUNT

<u>Account Number(s)</u>	<u>Present Account Balance(s)</u>	<u>Rate</u>	<u>Annual Interest Withdrawal Penalty</u>
_____	\$ _____	_____	% _____
_____	\$ _____	_____	% _____
_____	\$ _____	_____	% _____

CERTIFICATE OF DEPOSIT

<u>Account Number(s)</u>	<u>Present Account Balance(s)</u>	<u>Rate</u>	<u>Annual Interest Withdrawal Penalty</u>
_____	\$ _____	_____	% _____
_____	\$ _____	_____	% _____
_____	\$ _____	_____	% _____

TRUST

Value of Trust Fund Administered: \$ _____
 Anticipated Amount of Income to be earned by Trust over next 12 months: \$ _____

PROPERTY

Value of Equity in Real Property \$ _____

I certify that the above information 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

Documentation of Telephone Verification

Tenant Name: _____ Date: _____
Address: _____

_____ has applied for residency/is a resident at
_____. This form documents employer's verification of his/her
employment and gross annual income.

INCOME REPORT BY:

Anticipated Gross Income for the Next Twelve Months

Hourly \$ _____ Weekly \$ _____
No. of hours per week _____

Bi-weekly \$ _____ Monthly \$ _____

Overtime: Average per \$ _____ \$ _____ \$ _____
Day Week Month

Tips, Commissions, Bonuses:
Average per \$ _____ \$ _____ \$ _____
\$ _____ Day Week Month
Year

- 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.