[Management Agent Letterhead]

EMPLOYMENT VERIFICATION

To:	Date:
resident atnecessary that we obtain verification of his/	has applied for residency/ is a As part of our processing, it is her employment and anticipated GROSS annual ent form authorizes the release of information come.
	v and return it in the enclosed self-addressed have the above individual hand deliver.) Thank
	Sincerely,
	(Apartment Manager)
THE FOLLOWING TO BE COMPLETED BY	
Anticipated Gross Income for the Next Tw	elve Months
Hourly \$ No. of hours per week	Weekly \$
Bi-weekly \$	Monthly\$
Overtime: Average per \$ \$ Day	

Tips, Co	mmissions, Bonuses: Average per \$		\$	\$	\$
		Day	Week	Month	
Year		2			
			- or -		
	ticipated gross annua if applicable) \$_		the next twelve	months (including tips, 	bonuses or
Employer's Signature			Date		
(_) Title			Telephone	
WARNING :				nal offense to make willful fa e United States as to any m	

[Management Agent Letterhead]

ASSET VERIFICATION

Name and Address of		of	Bank:			
RE:					SSN:	
Āŗ	pplican	t/Tenant Nam	e	_		
Applican	ıt/Tenaı	nt Address		City, State		Zip Code
verification eligibility The information househo process	r. The i ormatio Id's eli in a she	the househol ndividual has n you provid gibility for te ort time period	d's inc author e will enancy. d and w	As part ome, expenses ized below your r be used only fo We are requ	tenancy/is a of our processi and other inform elease of the requ r the purpose of ired to complete our prompt respon	ing we require ation related to ired information. determining the our verification
Permissi	on				by:	

(Applicant)

(Date)

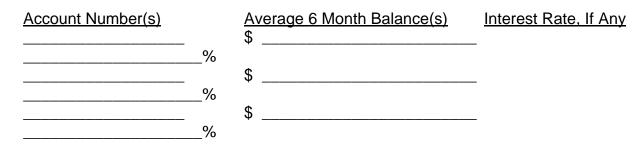
Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Sincerely,

(Apartment Manager)

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT



ASSET VERIFICATION PAGE 2

SAVINGS ACCOUNT

Λ as a super Λ is upon by $\pi(a)$	Present Account	Annual Interest Withdrawal		
Account Number(s)	Balance(s) Rate			
	¢	% %		
	\$	%		
	- Ψ	%		
	CERTIFICATE	OF DEPOSIT		
	Present Account	Annual Interest Withdrawal		
Account Number(s)	Balance(s) Rate			
	\$			
	\$	%		
	\$	%		
	TRU	<u>ST</u>		
Value of Trust Fund A	dministered:	\$		
	Income to be earned by	Ψ		
Trust over next 12 mo		\$		
	PROPI	ERTY		
Value of Equity in Real Property		\$		
I certify that the above inf	formation 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 and gross annu	al income.		has applied for residency/is a resident at This form documents employer's verification of his/h			
INCOME REPORT BY:						
Anticipated Gross Incor	ne for the Next Tv	velve Months				
Hourly \$ No. of hours per week		Weekly \$				
Bi-weekly \$		Monthly \$				
Overtime: Average per	\$ Day	\$ \$ Week	Month			
Tips, Commissions, Bon		¢	¢			
Ave \$ Year	rage per \$ Day	\$ Week	ه Month			

- or -

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

\$_____.

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.