[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	
<b>WARNING</b> :				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)

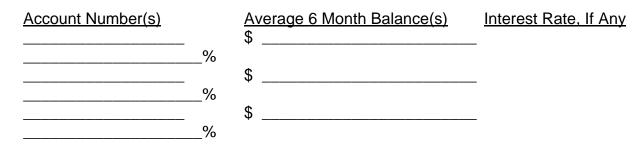
Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Sincerely,

(Apartment Manager)

# TO BE COMPLETED BY INSTITUTION

## CHECKING ACCOUNT



#### ASSET VERIFICATION PAGE 2

#### SAVINGS ACCOUNT

$\Lambda$ as a super $\Lambda$ 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.