

[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.

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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

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**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)

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