

Date _____
 Applicant/Resident Name _____
 Development Name _____
 Unit Number/Identification _____

This rental community has received funding from a program which requires documentation of income as part of the qualification process for household residency.

TO: (Name and Address of Employer) _____ RETURN TO: (Rental Community Address) _____

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature _____ Social Security # _____

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have questions.

Signature _____ Telephone Number _____

Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____

Presently Employed? Yes Date First Employed _____ No Last Date Employed _____

Current Wages/Salary \$ _____ (check one) hourly weekly biweekly semi-monthly

Monthly yearly Other _____

Average # regular hours per week _____

Overtime Rate \$ _____ per hour Average # of overtime hours per week _____

Shift Differential Rate \$ _____ per hour Average # of shift differential hours per week _____

Commissions, tips, bonuses \$ _____ (check one) hourly weekly biweekly semi-monthly

Monthly yearly Other _____

List any anticipated change in the employee's rate of pay within next 12 months _____ Effective Date _____

If the employee's work is seasonal or sporadic, please indicate layoff period(s) _____

Additional Remarks _____

I hereby certify that the information supplied in this section is true and complete.

Signature _____ Completion Date _____

Printed Name _____ Title _____

Firm Name _____ Telephone _____