

Desert Haven



Rental Eligibility Application (REA)

Project Name: Desert Haven Unit #: _____

Effective Date of Certification: _____ Original Certification Date: _____

Certification Type: Move-In Annual Recert. Transfer Interim

Household Size: _____ # of Bedrooms: _____

HOUSEHOLD COMPOSITION

Hshld Mbr	Name	Birthdate	Social Security #	Fulltime Student Next 12 Months?
Head				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No
5.				Yes / No
6.				Yes / No
7.				Yes / No
8.				Yes / No

Household Member's Name _____
Current Employer _____ Phone _____
Address _____
Position _____ Hire Date _____
Supervisor _____ Salary _____
Household Member's Name _____
Current Employer _____ Phone _____
Address _____
Position _____ Hire Date _____
Supervisor _____ Salary _____

REA INCOME/ASSETS QUESTIONNAIRE

Each Household Member 18 Years or Older Must Complete a Separate Questionnaire

HOUSEHOLD MEMBER: (please circle one) Head 2 3 4 5 6 7 8

Name: _____ Unit #: _____

INCOME

- | Yes | No | Verified | Verified Column for Manager's Use Only |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you employed or anticipate being employed in the upcoming 12 months? |
| | a. | \$ _____ | Annual gross wages or salary |
| | b. | \$ _____ | Annual overtime income |
| | c. | \$ _____ | Annual bonus/commission/tip income |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently employed at a second job (NOT self-employed)? |
| | a. | \$ _____ | Annual gross wages or salary |
| | b. | \$ _____ | Annual overtime income |
| | c. | \$ _____ | Annual bonus/commission/tip income |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are you self-employed? (attach signed tax return and appropriate schedules) |
| | | \$ _____ | Annual net business income |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving Social Security and/or Supplemental Social Security (SSI)? |
| | | \$ _____ | Annual gross income (before Medicare deduction) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving or do you <i>anticipate</i> receiving child support or alimony in the upcoming 12 months? |
| | | \$ _____ | Annual income |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving public assistance (TANF, GAU, FIP, ADATSA)? |
| | | \$ _____ | Annual income |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently receive unemployment, Labor & Industries, or disability benefits? |
| | | \$ _____ | Weekly/Monthly income |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces (Active, National Guard or Reserves)? |
| | | \$ _____ | Annual income (all pay & allowances excluding "imminent danger pay.") |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits)? |
| | | \$ _____ | Annual income |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income (such as rent and utility payments)? |
| | | \$ _____ | Annual income (attached notarized statement) |

ANNUAL VERIFIED INCOME \$ _____

REA INCOME/ASSETS QUESTIONNAIRE

Net Household Assets Totaling Over \$5,000 Must Be Verified In Writing

Name: _____ Unit #: _____

- | | Yes | No | Verified | Verified Column for Manager's Use Only |
|-----|--------------------------|--------------------------|---|---|
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any bank account(s)? | Total # of accounts _____ |
| | | | \$ _____ | Current balance: <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| | | | \$ _____ | Annual interest earned _____ |
| | | | \$ _____ | Current balance: <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| | | | \$ _____ | Annual interest earned _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any money market account(s)? | Total # of accounts _____ |
| | | | \$ _____ | Current value of account(s) _____ |
| | | | \$ _____ | Annual interest earned _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own any treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement plan) | Total # _____ |
| | | | \$ _____ | Current value of account(s) _____ |
| | | | \$ _____ | Annual income _____ |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Do you receive money from a
<input type="checkbox"/> revocable or <input type="checkbox"/> non-revocable trust fund? | # of funds _____ |
| | | | \$ _____ | Current value of account(s) _____ |
| | | | \$ _____ | Annual income received _____ |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a 401(k)/IRA/Keogh. | |
| | | | \$ _____ | Current value _____ |
| | | | \$ _____ | Annual interest earned _____ |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Net income from rental property (attach signed tax return with Schedule E) | |
| | | | \$ _____ | Current value (or current contract amount) _____ |
| | | | \$ _____ | Annual interest earned _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own OR are you in the process of selling any real estate or do you hold a contract for real estate sold? | |
| | | | \$ _____ | Current value (or current contract amount) _____ |
| | | | \$ _____ | Annual interest earned _____ |

REA INCOME/ASSETS QUESTIONNAIRE

Name: _____ Unit #: _____

	Yes	No	Verified	Verified Column for Manager's Use Only
18.	<input type="checkbox"/>	<input type="checkbox"/>		Do you own personal property held strictly as investment assets (art, coins, etc.)?
			\$ _____	Current value

19. Have you disposed of assets within the last two years for less than fair-market value?

Verified

A	\$ _____	_____	Fair-market value of asset(s) at time of disposition
B	\$ _____	_____	Actual proceeds received from disposition of asset(s)
C	\$ _____	_____	Subtract B from A (if an asset is greater than \$1,000)

20. Do you have income from assets or sources other than those listed above?

If yes, explain: _____

\$ _____

ANNUAL VERIFIED INCOME (questions 1 – 10)

\$ _____

INCOME FROM ASSETS (questions 11 – 20)

\$ _____

ANNUAL INCOME (total from questions 1 – 20)

\$ _____

A state agency and the Internal Revenue Service may review this information to determine my eligibility to reside in housing provided by federally-aided housing having a certification process. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction; and that if any material misrepresentation is made, I could be subject to prosecution and/or my application will be denied and/or my tenancy terminated. I hereby swear to the best of my knowledge that the above information is true and complete and authorize the landlord to make inquiries to verify statements herein.

Signature _____

Date _____

Witness _____

Date _____

REA INCOME/ASSETS QUESTIONNAIRE

Each Household Member 18 Years or Older Must Complete a Separate Questionnaire

HOUSEHOLD MEMBER: (please circle one) Head 2 3 4 5 6 7 8

Name: _____ Unit #: _____

INCOME

- | Yes | No | Verified | Verified Column for Manager's Use Only |
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| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you employed or anticipate being employed in the upcoming 12 months? |
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| | | \$ _____ | Annual net business income |
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<input type="checkbox"/> revocable or <input type="checkbox"/> non-revocable trust fund? | # of funds _____ |
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| | | | \$ _____ | Current value (or current contract amount) _____ |
| | | | \$ _____ | Annual interest earned _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own OR are you in the process of selling any real estate or do you hold a contract for real estate sold? | |
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REA INCOME/ASSETS QUESTIONNAIRE

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	Yes	No	Verified	Verified Column for Manager's Use Only
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Verified

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\$ _____

ANNUAL INCOME (total from questions 1 – 20)

\$ _____

A state agency and the Internal Revenue Service may review this information to determine my eligibility to reside in housing provided by federally-aided housing having a certification process. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction; and that if any material misrepresentation is made, I could be subject to prosecution and/or my application will be denied and/or my tenancy terminated. I hereby swear to the best of my knowledge that the above information is true and complete and authorize the landlord to make inquiries to verify statements herein.

Signature _____

Date _____

Witness _____

Date _____

UNDER \$5,000 ASSET CERTIFICATION or SWORN STATEMENT of NET FAMILY ASSETS

Included for your use is a Sworn Statement of Net Family Assets with the Definition of Net Family Assets as described in 24 CFR 813.102. Revenue Procedure 94-65 of the Internal Revenue Code requires this form to be used by residents, whose net family assets are less than \$5,000, to meet the asset requirements of the tax credit program.

Owners and managers should be aware that this form is only to be used to satisfy requirements for income from assets. Furthermore, the owner and management company should be aware that you may *not* rely on this statement if a reasonable person in the owner's or management company's position would conclude the resident's asset income is higher than the annual asset income represented in the application. In this case, you must obtain other documentation of the resident's annual asset income to satisfy program requirements.

Each potential or existing qualified resident whose net family assets are less than \$5,000 is required to read and sign the sworn statement. A copy of the Definition of Net Family Assets must be attached to the sworn statement. The original signed statement must remain with your files.

The Commission will review the sworn statement and other income documentation for qualification and signatures when reviewing project documentation.

DEFINITION of NET FAMILY ASSETS 24 CFR 813.102

Net Family Assets means the cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the family resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under §813.106.) In determining net family assets, PHAs and owners shall include the value of any business or family assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

UNDER \$5,000 ASSET CERTIFICATION or SWORN STATEMENT of NET FAMILY ASSETS

(Note: If assets exceed \$5,000, interest/dividends from assets received must be verified.)

Project Name: _____ Unit #: _____

Resident's/Applicant's Full Name

Social Security Number

Resident's/Applicant's Full Name

Social Security Number

Resident's/Applicant's Full Name

Social Security Number

I/We do hereby swear under penalty of perjury that each of the following statements are true:

I/We have reviewed the definition of Net Family Assets attached to this statement. The definition is found in 24 Code of the Federal Regulations 813.102 (which provides definitions for the HUD Section 8 program). I understand that Net Family Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as coin collections, gems, jewelry or antiques used for investment.

Please complete below:

My/Our Net Family Assets do not exceed \$5,000

Income received from those assets are: \$ _____

Resident's/Applicant's

Signature Date

Resident's/Applicant's

Signature Date

AUTHORIZATION

I/do hereby authorize _____

and its staff or authorized representative to contact any employers, financial institutions, agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my eligibility for housing in programs administered/managed.



Applicant/Resident Signature

Print Name

Date

AUTHORIZATION

I/do hereby authorize _____

and its staff or authorized representative to contact any employers, financial institutions, agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my eligibility for housing in programs administered/managed.



Applicant/Resident Signature

Print Name

Date

FARM WORK HOUSEHOLD INITIAL CERTIFICATION AND INSTRUCTIONS For properties with a Commission Farm Work Housing Commitment

Property Name: _____ Unit # : _____

Household Head of Name: _____

Requirement for Farm Worker Household:

A household that has earned at least \$3,000 per year from Farm Work.

Farm Work Definition:

Services in connection with cultivating the soil, raising or harvesting, or in catching, netting, handling, planting, drying, packing, grading, storing, or in preserving in its unmanufactured state any agriculture or aquaculture commodity; or delivering to storage, market, or a carrier for transportation to market or to processing any agricultural or aquacultural commodity; or working in a processing plant **and** directly handling agricultural or aquacultural product. Certain classes of employment in food processing plants may not be eligible for housing in this property.

Does your household meet the Requirement for a Farm Worker Household described above?

If not, does your household meet one of the "Exceptions" listed in the instructions for this form?

Yes No

List members of your household that received income from Farm Work during the *previous* 12 months:

Hshld Mbr	Name	Type of Farm Work	Employer Name	Annual Farm Work Income
Head				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

Total \$ _____

How much Farm Work income does your household anticipate earning in the *next* 12 months? \$ _____

I hereby certify that the information provided above is complete and correct.

Head of Household Signature

Date

Property manager must verify Farm Work status using employment verification(s), W-2(s) and/or tax return(s).

NOTE: 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.

Farm Work W-2 Certification

Project Name: _____

Unit: _____

Definition of Farm-Work: Services in connection with cultivating the soil, raising or harvesting, or in catching, netting, handling, planting, drying, packing, grading, storing, or in preserving in its unmanufactured state any agriculture or aquaculture commodity; or delivering to storage, market, or a carrier for transportation to market or to processing any agricultural or aquacultural commodity; or working in a processing plant and directly handling agricultural or aqua-cultural product.

Certain classes of employment in food processing plants may not be eligible for housing in this property.

I certify under the penalty of perjury that the attached W-2 form(s) represent my total earned income for calendar year _____.

I understand that I am required to disclose all previous 12 month income and all employer provided W-2 forms to income qualify for this tax credit financed housing.

_____	_____	_____
Print Household Name	Signature	Date

_____	_____	_____
Print Witness Name	Signature	Date

HOUSING AUTHORITY
Of the
CITY OF OTHELLO

335 N. 3rd , Othello, WA 99344

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, state, or local agency and any organization, business, or individual to release to the **OTHELLO HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or to maintain my continued assistance under a subsidized housing program.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, income from any source
Medical or Child Care	Assets of any kind, including
Credit and Criminal History	assets disposed of within the last 2 years
Residences & Rental History	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but not limited to:

Previous Landlords	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & College	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support/Alimony Providers	Medical & Child Care Providers
Veterans Administration	Retirement Systems
Banks & Financial Institutions	
Payees, Trustees	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed.

_____	_____	_____
Head of Household	Print Full Name	Date
_____	_____	_____
Spouse/Co-head	Print Full Name	Date
_____	_____	_____
Other Adult Member	Print Full Name	Date
_____	_____	_____
Other Adult Member	Print Full Name	Date

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

HOUSING AUTHORITY
Of the
CITY OF OTHELLO

335 N. 3rd , Othello, WA 99344

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ and _____ the undersigned consent to allow the Housing Authority of the City of Othello to request information and the Washington State Patrol to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

_____ Print Full Name	_____ Birth date	_____ Social Security #
--------------------------	---------------------	----------------------------

Signature

_____ Print Full Name	_____ Birth date	_____ Social Security #
--------------------------	---------------------	----------------------------

Signature

_____ Print Full Name	_____ Birth date	_____ Social Security#
--------------------------	---------------------	---------------------------

Signature

_____ Witness/OHA Staff	_____ Date
----------------------------	---------------

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 N. 3rd , Othello, WA 99344

AUTHORIZATION FOR THE RELEASE OF INFORMATION
MINOR CHILD

I, _____ (Parent/Guardian), consent to allow the Housing Authority of the City of Othello to request information and the Juvenile Court Services to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Parent/Guardian Signature

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Witness/OHA Staff

Offense/Conviction/Date

Child name

Child name

Child name

Juvenile Court Staff

Date

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

Note: The information requested below may be required by the owner but is not required by Washington State Housing Finance Commission.

RECORD OF CRIMINAL CONVICTION

Have you or anyone in your household ever been convicted for crimes other than minor traffic such as speeding?
Yes _____ No _____ If yes indicate who _____
Offense _____ Date _____

OTHER

Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc?
Yes _____ No _____ If yes, please explain _____

Have you ever lived in a subsidized unit or rented from the Housing Authority of Othello?
Yes _____ No _____ Where _____ When _____

GIVE LAST PLACES OF RESIDENTCE (TOTALING 2 YEARS)

Current address: _____
Landlord's name: _____
Landlord's address: _____
Phone# _____ From _____ To _____ Rent Amount\$ _____

**Former Address: _____
Landlord's name: _____
Landlord's address: _____
Phone# _____ From _____ To _____ Rent Amount\$ _____

**Former Address: _____
Landlord's name: _____
Landlord's address: _____
Phone# _____ From _____ To _____ Rent Amount\$ _____

EMPLOYMENT

Employer: _____
Address: _____
Phone# _____ Position Held: _____ Wages: _____

Employer: _____
Address: _____
Phone# _____ Position Held: _____ Wages: _____

CONTACT PERSON (Message)

Name: _____ Relationship: _____
Address: _____ Phone # _____

Signature: _____ Date: _____

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Resident Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Return Form To:

Property Owner/Management Agent

Phone Number

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: **Yes** ___ Date First Employed _____ **No** ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/___

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

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

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

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

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

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: 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.