**date**:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **to:** | |  | **from:** | |
| **address:** | |  | **address:** | |
|  | |  | **manager:** | |
| **tel:** | **fax:** |  | **tel:** | **fax:** |

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for residency at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As part of our processing, it is necessary to obtain verification of his/her \_\_\_\_\_\_\_\_\_\_\_\_\_. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

##### release statement

I hereby authorize the above named management agent to make inquiries regarding \_\_\_\_\_\_\_\_\_\_ for the purpose of determining my eligibility for occupancy.

|  |  |  |
| --- | --- | --- |
| signature |  | **date** |

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

Employee’s Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **date of employment:** | **Date Leave of Absence effective:** | **EXPECTED DATE OF RETURN:** |

Will employee receive any pay during the time of Leave?  Yes  No

If Yes, Please state the Type of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### authorized representative

I certify that the above information is true and correct to the best of my knowledge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| signature/title |  |  |  | date |
|  |  |  |  |  |
| printed name |  |  |  | telephone |

**“This institution is an equal opportunity provider and employer”**

**EHLogo EQUAL HOUSING OPPORTUNITY **