RETIREMENT INCOME VERIFICATION

(RD/LIHTC/HUD)

Applicant/Resident:

Address:

Social Security Number:

Your retired employee has applied for/ resides in an apartment at  Apartments.

Due to Regulations governing occupancy at this complex, we request written verification / re-verification of the above retiree’s income. Please complete the following information and return as soon as possible.

Thank you for your cooperation.

Manager

Date

I hereby give my permission for the requested information to be released to  Apartments.

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Signature of Resident/Applicant Date

1. Name of Retirement Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Retiree’s Gross Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Retiree’s Deductions (Medical Ins.,etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Title Date

Revised 07/2014

“This institution is an equal opportunity provider and employer”

**EQUAL HOUSING OPPORTUNITY**

