SOCIAL SECURITY/SSI VERIFICATION

Send To:
«reference_name»
«reference_address_line1»
«reference_address_line2»
«reference_address_line3»
«reference_city». «reference_state» «reference_zip»

Applicant/Tenant: «full_name» Unit # «apt_nbr»

Soc. Security #: «ssn»

Property Name: «community»

Address:
«community_address_line1»
«community_address_line2»
«community_address_line3»
«community_city», «community_state» «community_zip»

SOCIAL SECURITY:

Gross Amount for Month $ _____

Will this social security amount be changed in the next 12 months for other than cost of living increases? Yes No

If Yes, describe reasons _____

_____

SUPPLEMENTAL SECURITY INCOME (SSI):

Gross Amount per Month $ _____

Will this supplemental security income amount be changed in the next 12 months other than for cost of living increases? Yes No

If Yes, describe reasons: _____

_____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: «rental_agent» ***RETURN BY:*** «return_date»
«mgmt_company»
«mgmt_company_address1»
«mgmt_company_address2»
«mgmt_company_city», «mgmt_company_state» «mgmt_company_zip»

--OFFICE USE ONLY--

Date Sent: «send_date»

Date Received: _____

Comments: _____