UNEMPLOYMENT VERIFICATION

Send To: «reference_name»
«reference_address_line1»
«reference_address_line2»
«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»

COMPENSATION:

Gross weekly amount $ _____

Date of initial payment _____

Ending date if known _____

Is the client entitled to an extension of benefits? Yes No

If *Yes*, how long? _____

If *No*, what is the termination date of benefits? _____

Comments _____

_____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: «rental_agent» ***RETURN BY:*** «return_date»
«mgmt_company»
«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: _____