

OTHER INCOME VERIFICATION

TO: _____

TEL.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Port Terrace Apartments
APPLICANT/RESIDENT: _____
RE: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I receive income in the amount of \$_____per week month year (Circle One)
from _____.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE PARTY DISBURSING INCOME

- 1. Type of Income Received: _____
(i.e. severance pay, worker's compensation, etc.)
- 2. Frequency of Income (i.e., weekly, monthly, etc.) _____
- 3. GROSS Amount of Income Received per Period: \$ _____
- 4. GROSS Annual Income Received: \$ _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

OFFICE USE ONLY:

FORM # 10



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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9/01/99