VERIFICATION OF SOCIAL SECURITY

GOLDENMANDR

	Re:	
	Name of Applicant	
	Social S	Security Number
The person above has applied for housing at GOLD confidential and used to determine eligibility for housing the State of California, Department of Housing and Program. Submission of the information is mandat submit it will result in the denial of the application 10 DAYS.	pusing assistance under the USDA Rural Deve Community Development, rental Housing C ory for evaluating the applicant's eligibility a	elopment, and/or onstruction and failure to
Thank you for your assistance,		
Golden Manor	l authorize the release of the requeste	ed information
PO Box 2957	requested information and understand	
McKinleyville, CA 95519	review files maintained on me by the Management Compa	
Ву:	By:	
Manager	Applicant	
TO BE COMPLETED BY THE SOCIAL SECU	RITY ADMINISTRATION OFFICE:: OR	YOU MAY
PROVIDE A COPY OF THE CURRENT YEAR STATE	MENT YOU RECEIVED FROM SOCIAL SEC	YOU MAY CURITY.
PROVIDE A COPY OF THE CURRENT YEAR STATE	MENT YOU RECEIVED FROM SOCIAL SEC Applicant's monthly Social Security Benefit: \$	YOU MAY CURITY.
Gross amount of	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$	CURITY.
Gross amount of	MENT YOU RECEIVED FROM SOCIAL SEC Applicant's monthly Social Security Benefit: \$	CURITY.
Gross amount of A	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ anothly amount of Applicant's Social Security: \$ Date the above amount became effective:	CURITY.
Gross amount of A	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ nthly amount of Applicant's Social Security: \$	CURITY.
Net mor	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ anothly amount of Applicant's Social Security: \$ Date the above amount became effective:	CURITY.
Gross amount of A	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ Athly amount of Applicant's Social Security: \$ Date the above amount became effective: 's Supplemental Security Income Payment: \$ Date the above amount became effective:	CURITY.
PROVIDE A COPY OF THE CURRENT YEAR STATE Gross amount of Applicant Monthly amount of Applicant Total monthly amount of Applicant's Social Security Bo	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ Athly amount of Applicant's Social Security: \$ Date the above amount became effective: 's Supplemental Security Income Payment: \$ Date the above amount became effective: enefit and Supplemental Security Income: \$	VURITY.
PROVIDE A COPY OF THE CURRENT YEAR STATE Gross amount of A Net more Monthly amount of Applicant	Applicant's monthly Social Security Benefit: \$ Amount deducted for Medicare: <\$ Athly amount of Applicant's Social Security: \$ Date the above amount became effective: 's Supplemental Security Income Payment: \$ Date the above amount became effective: enefit and Supplemental Security Income: \$	VURITY.



VERIFICATION OF CHECKING/SAVINGS GOLDENMANDR

Date:

			Re:		
			Name of Applicant	3	
			Soci	al Security Number	
confidential and use the State of Californ Program. Submission	ed to determine eligibili nia, Department of Hous on of the information is	it GOLDEN MANOR. The ty for housing assistance sing and Community Dev mandatory for evaluatin lication for housing assis	under the USDA Rural E elopment, rental Housin g the applicant's eligibili	Development, and/or g Construction ty and failure to	
hank you for your assistance, olden Manor O Box 2957 IcKinleyville, CA 95519		requ	I authorize the release of the requested information requested information and understand I have the right to review files maintained on me by the Management Compan		
y:		Ву:			
		CIAL INSTITIUTION:	OR YOU MAY PROVIDI	E A COPY OF YOUR	
MOST RECENT BAI	NK STATEMENT.				
TO BE COMPLET MOST RECENT BAIL ACCOUNT NUMBER:		CURRENT BALANCE	OR YOU MAY PROVIDE		
MOST RECENT BAI	NK STATEMENT.				
MOST RECENT BAI	NK STATEMENT.				
MOST RECENT BAI	NK STATEMENT.				
ACCOUNT NUMBER:	NK STATEMENT.	CURRENT BALANCE			
ACCOUNT NUMBER: ISTITUTION:	TYPE OF ACCOUNT	CURRENT BALANCE			
ACCOUNT NUMBER: ISTITUTION: DDRESS:	TYPE OF ACCOUNT	CURRENT BALANCE	ANNUAL INTEREST RATE	YEARLY INTEREST EARNED	
ACCOUNT NUMBER: NSTITUTION: DDRESS: AME OF PERSON FILLIN	TYPE OF ACCOUNT G OUT FORM:	CURRENT BALANCE	ANNUAL INTEREST RATE	YEARLY INTEREST EARNED	



VERIFICATION OF DISABILITY

GOLDENMANDR

Date:

	Re:		
	Name of Applicant		
	Social Security Number		
confidential and used to determine eligibility for lathe State of California, Department of Housing and Program. Submission of the information is mandated.	DEN MANOR. The information requested below will be kept housing assistance under the USDA Rural Development, and/or ad Community Development, rental Housing Construction atory for evaluating the applicant's eligibility and failure to a for housing assistance. PLEASE RETURN THIS FORM WITHIN		
Thank you for your assistance,			
Golden Manor	I authorize the release of the requested information		
PO Box 2957	requested information and understand I have the right to		
McKinleyville, CA 95519	review files maintained on me by the Management Company.		
Ву:	By:		
Manager	Applicant		
TO BE COMPLETED BY YOUR PHYSICIAN This is to certify that in my opinion the applicant I This is to certify that in my opinion the applicant I This Disability is: PERMANTENTTEMP NAME OF BUSINESS:	S suffering from a disability DOES NOT suffer from a disability ORARY		
NAME OF PERSON FILLING OUT FORM:			
SIGNATURE OF PERSON FILLING OUT FORM:	DATE:		
TITLE:	TELEPHONE NO:		
	MEN NOTES IN THE PROPERTY 기계		



VERIFICATION OF EMPLOYMENT

GOLDENMANDR

Date: __

	Re:
	Name of Applicant
	Social Security Number
person above has applied for housing at GOLDEN MAN idential and used to determine eligibility for housing as state of California, Department of Housing and Commuram. Submission of the information is mandatory for enit it will result in the denial of the application for hous AYS.	sistance under the USDA Rural Development, and/or nity Development, rental Housing Construction valuating the applicant's eligibility and failure to
k you for your assistance,	
en Manor	I authorize the release of the requested information
ox 2957	requested information and understand I have the right to
nleyville, CA 95519	review files maintained on me by the Management Company.
	Ву:
Aanager	Applicant
BE COMPLETED BY THE EMPLOYER: Position: Date For	informent Started
Amount of Overtime Worked Per Week:	Number of Weeks Per Year:
Rate of Overtime: \$ Per	
Total Earnings Last 12 months: \$	Anticipated Next 12 months : \$
OF BUSINESS:	
-5S:	
OF PERSON FILLING OUT FORM:	
TURE OF PERSON FILLING OUT FORM:	DATE:
	TELEPHONE NO:
	dential and used to determine eligibility for housing as state of California, Department of Housing and Commuram. Submission of the information is mandatory for enit it will result in the denial of the application for house AYS. k you for your assistance, en Manor ox 2957 nleyville, CA 95519 Manager BE COMPLETED BY THE EMPLOYER: Positon: Date Emerging Date Emerging Date of Pay \$ Perging Anticipated Increase in Pay Rate to New Rate of: \$ Number of Hours Worked Per Week: Amount of Overtime Worked Per Week: Rate of Overtime: \$ Perging Total Earnings Last 12 months: \$ Temployee is: PERMANTENT TEMPORA OF BUSINESS: TEMPORA! OF PERSON FILLING OUT FORM: TURE OF PERSON FILLING OUT FORM:



PERSONAL GUARANTEE OF RENT

GOLDENMANDR

e execution of the Lease Agreeme	iii dated	, 20
	_, hereinafter called	"Owner/Agent" and
, hereina	ifter called "Tenant",	for the premises known a
d and Landlord's agents, successor	r and assigns, the pro	ompt payment of Rent or
t to this Lease Agreement, includi	ng any and all court o	cost and attorney fees
ment; (ii) consent to any changes,	modifications or alte	erations of any term in this
		The same the same to the same same same same same same same sam
any default occurring under this Lo	ease Agreement befo	ore seeking to enforce this
e agreement or move out or the r	Charte	
ADDRE	SS	
DRIVERS LICENSE NUMBER	DATE OF BIRTH	
A COPY OF YOUR MONTHLY INCO	OME SOURCES AND A	CODY OF VOLID DRIVERS
		TOOK DRIVERS
dlord or his Authorized Agents to v	verify the above info	rmation, including but not
	to f which is hereby acknowledged and Landlord's agents, successor to this Lease Agreement, including ment; (ii) consent to any changes, and and Tenant; and (iii) waive any any default occurring under this Liguarantee shall be the lease date agreement or move out of the Table ADDRE. DRIVERS LICENSE NUMBER A COPY OF YOUR MONTHLY INCOME.	, hereinafter called "Tenant", of of which is hereby acknowledged, the undersigned (do and Landlord's agents, successor and assigns, the proof to this Lease Agreement, including any and all court of ment; (ii) consent to any changes, modifications or altered and Tenant; and (iii) waive any right to require Landlany default occurring under this Lease Agreement before Guarantee shall be the lease date noted above. Termine agreement or move out of the Tenant.