

# VERIFICATION OF SOCIAL SECURITY

## GOLDEN MANOR

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Social Security Number

The person above has applied for housing at GOLDEN MANOR. The information requested below will be kept confidential and used to determine eligibility for housing assistance under the USDA Rural Development, and/or the State of California, Department of Housing and Community Development, rental Housing Construction Program. Submission of the information is mandatory for evaluating the applicant's eligibility and failure to submit it will result in the denial of the application for housing assistance. PLEASE RETURN THIS FORM WITHIN 10 DAYS.

Thank you for your assistance,  
Golden Manor  
PO Box 2957  
McKinleyville, CA 95519

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 Company.

By: \_\_\_\_\_  
Manager

By: \_\_\_\_\_  
Applicant

**TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION OFFICE:: OR YOU MAY  
PROVIDE A COPY OF THE CURRENT YEAR STATEMENT YOU RECEIVED FROM SOCIAL SECURITY.**

Gross amount of Applicant's monthly Social Security Benefit:	\$
Amount deducted for Medicare:	<\$ >
Net monthly amount of Applicant's Social Security:	\$
Date the above amount became effective:	
Monthly amount of Applicant's Supplemental Security Income Payment:	\$
Date the above amount became effective:	
<b>Total monthly amount of Applicant's Social Security Benefit and Supplemental Security Income:</b>	<b>\$</b>

NAME & TITLE OF PERSON FILLING OUT FORM: \_\_\_\_\_

SIGNATURE OF PERSON FILLING OUT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_





# VERIFICATION OF CHECKING/SAVINGS

## GOLDEN MANOR

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Social Security Number

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review files maintained on me by the Management Company.

By: \_\_\_\_\_  
Manager

By: \_\_\_\_\_  
Applicant

**TO BE COMPLETED BY THE FINANCIAL INSTITUTION: OR YOU MAY PROVIDE A COPY OF YOUR MOST RECENT BANK STATEMENT.**

ACCOUNT NUMBER:	TYPE OF ACCOUNT	CURRENT BALANCE	ANNUAL INTEREST RATE	YEARLY INTEREST EARNED

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PERSON FILLING OUT FORM: \_\_\_\_\_

SIGNATURE OF PERSON FILLING OUT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_



# VERIFICATION OF DISABILITY

## GOLDEN MANOR

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Social Security Number

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McKinleyville, CA 95519

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review files maintained on me by the Management Company.

By: \_\_\_\_\_  
Manager

By: \_\_\_\_\_  
Applicant

### TO BE COMPLETED BY YOUR PHYSICIAN OR SOCIAL SERVICE AGENCY:

This is to certify that in my opinion the applicant **IS** suffering from a disability \_\_\_\_\_

This is to certify that in my opinion the applicant **DOES NOT** suffer from a disability \_\_\_\_\_

This Disability is: PERMANENT \_\_\_\_\_ TEMPORARY \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PERSON FILLING OUT FORM: \_\_\_\_\_

SIGNATURE OF PERSON FILLING OUT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_





# VERIFICATION OF EMPLOYMENT

## GOLDEN MANOR

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Social Security Number

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McKinleyville, CA 95519

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review files maintained on me by the Management Company.

By: \_\_\_\_\_  
Manager

By: \_\_\_\_\_  
Applicant

### TO BE COMPLETED BY THE EMPLOYER:

1. Position: \_\_\_\_\_ Date Employment Started: \_\_\_\_\_
2. Current Rate of Pay \$ \_\_\_\_\_ Per \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Anticipated Increase in Pay Rate to New Rate of: \$ \_\_\_\_\_ Per \_\_\_\_\_ When \_\_\_\_\_
3. Number of Hours Worked Per Week: \_\_\_\_\_ Number of Weeks Per Year: \_\_\_\_\_  
Amount of Overtime Worked Per Week: \_\_\_\_\_ Number of Weeks Per Year: \_\_\_\_\_  
Rate of Overtime: \$ \_\_\_\_\_ Per \_\_\_\_\_
4. Total Earnings Last 12 months: \$ \_\_\_\_\_ Anticipated Next 12 months : \$ \_\_\_\_\_
5. Employee is: PERMANENT \_\_\_\_\_ TEMPORARY \_\_\_\_\_ SEASONAL \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PERSON FILLING OUT FORM: \_\_\_\_\_

SIGNATURE OF PERSON FILLING OUT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_



## PERSONAL GUARANTEE OF RENT

GOLDEN MANDOR

GUARANTEE: In consideration of the execution of the Lease Agreement dated \_\_\_\_\_, 20 \_\_\_\_\_ between \_\_\_\_\_, hereinafter called "Owner/Agent" and \_\_\_\_\_, hereinafter called "Tenant", for the premises known as Apartment \_\_\_\_\_, at \_\_\_\_\_, California, and for valuable consideration, receipt of which is hereby acknowledged, the undersigned ("Guarantor") does hereby: (i) guarantee unconditionally to Landlord and Landlord's agents, successor and assigns, the prompt payment of Rent or other sums that become due pursuant to this Lease Agreement, including any and all court cost and attorney fees included in enforcing the Lease Agreement; (ii) consent to any changes, modifications or alterations of any term in this Lease Agreement agreed to by Landlord and Tenant; and (iii) waive any right to require Landlord and/or Landlord's agents to proceed against Tenant for any default occurring under this Lease Agreement before seeking to enforce this Guarantee. The effective date of the Guarantee shall be the lease date noted above. Termination of the Guarantee shall be at the termination of the lease agreement or move out of the Tenant.

NAME OF GUARANTOR

ADDRESS

TELEPHONE

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

DATE OF BIRTH

**-PLEASE ATTACH TO THIS GUARANTEE A COPY OF YOUR MONTHLY INCOME SOURCES AND A COPY OF YOUR DRIVERS LICENSE.**

Guarantor does hereby authorize Landlord or his Authorized Agents to verify the above information, including but not limited to obtaining a Credit Report and if this application is accepted I agree to execute the residential lease or rental agreement as set forth.

DATE

GUARANTOR

