

SHORE DRIVE APARTMENTS, INC.

3300 NE 36<sup>th</sup> Street

Fort Lauderdale, FL 33308

REQUEST FOR VERIFICATION OF INCOME

NAME OF APPLICANT \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

NAME OF VERIFYING AGENT \_\_\_\_\_

The Applicants signed statement contains the following: "The Commissioner and Mortgagee may verify the statements contained herein by communicating with any firm or institutions named in this statement."

APPLICANT'S SIGNATURE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MORTGAGEE

CONNECTICUT GENERAL LIFE INSURANCE

ANNUAL INCOME: \$ \_\_\_\_\_

OTHER REMARKS:

BASE PAY OF APPLICANT \$ \_\_\_\_\_

INCOME FROM STOCK \$ \_\_\_\_\_

INCOME FROM PENSION \$ \_\_\_\_\_

SOCIAL SECURITY \$ \_\_\_\_\_

WIFE'S INCOME \$ \_\_\_\_\_

INTEREST ON SAVINGS \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

Gentlemen: This Corporation would appreciate, in behalf of this applicant, the requested information to the left. This along with any additional information you wish to add below will be held in strict confidence. Please reply as soon as possible.

General Manager

This information is furnished to you in strict confidence in response to your request and is solely for use by you and the Federal Housing Administration in connection with the above application.

SIGNATURE OF VERIFYING AGENT \_\_\_\_\_

OFFICIAL TITLE OF VERIFYING AGENT \_\_\_\_\_

DATE \_\_\_\_\_