



Income Verification Form

Notice to Applicant:

Leaving fields blank will cause a delay in the processing of your application. Please fill out all → areas completely and if "not applicable" denote as "N/A" (please print clearly)

FACSIMILE TRANSMITTAL SHEET

→ TO: (INCOME VERIFIER'S NAME) FROM: HORIZON REALTY GROUP-PROCESSING DEPT.

→ INCOME VERIFIER'S FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:

→ INCOME VERIFIER'S PHONE NUMBER:

→ I, (Please Print Full Name) _____, hereby authorize all necessary information, as indicated below, to be released to Horizon Realty Group, Inc. and their agents for their exclusive use.

→ X _____ Date _____
Signature of Applicant

→ Applicant's SSN: _____ DOB _____

Below section is to be filled out by the income verifier only.

Attention: Human Resource Department or _____

To whom it may concern:

The above named individual (applicant) has applied for tenancy with Horizon Realty Group, Inc. In order to complete the application process, we need to verify his/her income information. Information contained on this form will only be used in accordance with the Fair Credit Reporting Act. Your quick attention to this matter is appreciated.

- 1. Employment/Income start date: _____
2. Full-time employee? _____ How many hours/wk? _____
3. Present salary/pay rate? _____ per _____
4. Additional compensation projected for the next 12 months? (please specify) _____
5. Probability of continued employment _____
6. Other comments: _____

X _____ Date _____
Authorized Verifier's Signature

Authorized verifier's name: (please print) _____ Title _____

PLEASE RETURN THIS FORM VIA FAX to: HORIZON REALTY GROUP AT 773-529-7201