

Date \_\_\_\_\_  
 Applicant/Resident Name \_\_\_\_\_  
 Development Name The Lakes at San Marcos  
 Unit Number/Identification \_\_\_\_\_

This rental community has received funding from a program which requires documentation of income as part of the qualification process for household residency.

TO: (Name and Address of Employer) \_\_\_\_\_ RETURN TO: (Rental Community Address)  
 \_\_\_\_\_ The Lakes at San Marcos  
 \_\_\_\_\_ 4768 Woodville Highway  
 \_\_\_\_\_ Tallahassee, FL 32305 Fax: 850-942-4002

**I hereby authorize release of the information requested below** in order to determine my eligibility for residency at the above rental community in the upcoming year.  
 Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have questions.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Presently Employed?  Yes Date First Employed \_\_\_\_\_  No Last Date Employed \_\_\_\_\_  
**Current** Wages/Salary \$ \_\_\_\_\_ (check one)  hourly  weekly  biweekly  semi-monthly  
 Monthly  yearly  Other \_\_\_\_\_  
 Average # regular hours per week \_\_\_\_\_  
 Overtime Rate \$ \_\_\_\_\_ per hour Average # of overtime hours per week \_\_\_\_\_  
 Shift Differential Rate \$ \_\_\_\_\_ per hour Average # of shift differential hours per week \_\_\_\_\_  
 Commissions, tips, bonuses \$ \_\_\_\_\_ (check one)  hourly  weekly  biweekly  semi-monthly  
 Monthly  yearly  Other \_\_\_\_\_  
 List any anticipated change in the employee's rate of pay within next 12 months \_\_\_\_\_ Effective Date \_\_\_\_\_  
 If the employee's work is seasonal or sporadic, please indicate layoff period(s) \_\_\_\_\_  
 Additional Remarks \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete.

Signature \_\_\_\_\_ Completion Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_